

A STUDY ON THE SYMPTOMATOLOGY AND DIAGNOSTIC METHODOLOGY OF THETTHURU KUTTAM



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DOCTOR OF MEDICINE
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October - 2018

DECLARATION BY THE CANDIDATE

I hereby declare that this Dissertation entitled **“A STUDY ON THE SYMPTOMATOLOGY AND DIAGNOSTIC METHODOLOGY OF THETTHURU KUTTAM”** is a bonafide and genuine research work carried out by me under the guidance of **Dr. S. Elansekaran M.D (S), Ph.D., Lecturer**, Department of Noi Naadal, National Institute of Siddha, Chennai – 47, and the dissertation has not formed the basis for the award of any other degree, Diploma, Fellowship or other similar title.

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1. INTRODUCTION

“சிவாய நமவெனச் சித்த மொருக்கி
அவாய மறவே யடிமைய தாக்கிச்
“சிவாயசிவ” சிவ வென்றென்றே சிந்தை
அவாயங் கெடநிற்க வாநந்த மாமே”.

- திருமந்திரம்

The Siddha system of medicine is an ancient and holistic medical system among all the system of medicine all over the world. It is mainly practiced in the southern part of India. It is one of the earliest traditional medical systems of the world which deals with physical, psychological, social and spiritual well- being of an individual. The medical works were bestowed by the great siddhars, after attaining spiritual knowledge through the perfection and spiritual salvation.

Siddha system believes that the human body is composed of 96 Thathuvams. These thathuvam include fundamentally panchabhootham (five basic elements), pulangal (five senses), porigal (five sensory organs), saptha thathukkal (seven physical constituents), mukkutram (three humors) and 14 Vegangal (natural function). All of them play important roles in different functions of the body. Siddha system of medicine also recognizes the role of Uyir thathukkal literally means ‘life force’. According to this system of medicine, the human body has three vital humours-Vatham, Pitham, Kabam in which normal healthy condition exists in the ratio of between them being 1:1/2:1/4 respectively. When the normal ratio of the humours – Vatham, Pitham, Kabam is disturbed, disease tends to occur.

“வாதமலாது மேனி கெடாது”

Sage theraiyar Lifestyle modification alters the arrangement of vatham. It affects the Saram&senneer in seven constituents of the body. Therefore, it increase the Pitham and Kabam Which leads to kuttam.

Sage Thirumoolar emphasise that,

“வியாதியுள் மூவாறுவிளங்கிய குட்டங்கேள்
சுயாதிக் கிரந்தி சுழன்மே கத்தாலும்
பயாதி மண்ணுளிப் பல வண்டி னாலெட்டு
நீயாதிப் புழுநாலாய் நின்றதிக் குட்டமே”

- திருமூலர்

Agasthiyar Ratthina surukka Naadi classifies the disease into 4448 types. According to Yugi vaithiya sinthamani there are 18 types of kuttam; the disease, *Thetthuru kuttam* is one among them. The clinical features of the *Thetthuru kuttam* is explained under the condition urticaria in modern science. *Thetthuru kuttam* is one of the skin conditions characterized by circumscribed erythematous skin lesion, pallor, itching, curling of hair, numbness, generalized oedema. The cause of urticaria is autoimmune, physical cause, diet etc.

Life time prevalence rate of urticaria, a common disease occurring at some stage of life is about 15% of individuals. Urticaria appears to be less common in children. Approximately 15 to 20% of the general population will have urticaria at least once during their lifetime. Although persons of any age may experience urticaria and angioedema, the urticaria occurs most frequently after adolescence, with the highest incidence in young adults. The exact incidence and prevalence of chronic urticaria are not known, although it occurs in at least 0.1% and possibly up to 3% of the population. Chronic urticaria is twice as common in women as in men. In India, study showed that out of 500 cases of urticaria, 37% were suffering from physical urticaria.

“நாடிப்பரிசம் நாநிறம் மொழிவிழி
மலம் முத்திரமிவை மருத்துவராயுதம்”

-தேரையர்

The primary motive of author to select this disease, *Thetthuru Kuttam* is to study this disease in detail based on Siddha aspects to diagnosis, prevention and to amplify the explanation given by sage Yugi. The study on Siddha diagnostic tools include nilam, kaalam, udaliyal, mukkuttra verupadu, envagaithervu and manikadainool which are monitored properly.

2. AIM AND OBJECTIVES

2.1 AIM:

- To evaluate the diagnostic methodology and symptomatology of “*Thetthuru kuttam*”

2.2 OBJECTIVES:

- To collect literary evidences about *Thetthuru kuttam*
- To study the detailed etiological factors of *Thetthuru kuttam*
- To find out the changes of udal thathu and uyir thathu
- To analyse the signs and symptoms of *Thetthuru kuttam*
- To correlate the symptoms of *Thetthuru kuttam* with that of closely resembling conditions in modern medical literature
- To have an idea of incidence of the *Thetthuru kuttam* with reference to sex, age and habit
- To standardize the line of treatment for *Thetthuru kuttam*
- To recommend a dietary regimen for *Thetthuru kuttam*

3. REVIEW OF SIDDHA LITERATURE

3.A. SUGARANA NILAI IN SIDDHA MEDICINE (PHYSIOLOGY)

The five basic elements, namely Aagayam (Space), Kaal (Air), Thee (Fire), Neer (Water), and Mann (Earth) are the building blocks of all the physical and subtle bodies existing in this whole universe. These are called as the ‘Adippadai boothams’ (Basic Elements) (or) ‘Panchaboothams’.

These five elements altogether constitute the human body and also the origin of other materialised objects, explained as Pancheekaranam (Mutual Intra Inclusion). None of these elements could act independently by themselves. They could act only in co-ordination with other four elements. All the living creatures and the non-living things are made up of these five basic elements.

உலகம் பஞ்ச பூதம்

"நிலம் நீர்தீவளி விசம்போடைந்தும்

கலந்தமயக் கமுலகம் மாதலின்"

-தொல்காப்பியம்

தேகம் பஞ்ச பூதம்

"தலங்காட்டி இந்தச் சடமான ஐம்பூதம்

நிலங்காட்டி நீர் காட்டி நின்றிடுந் தீ காட்டி

வலங்காட்டி வாயுவால் வளர்ந்தே இருந்த

குலங்காட்டி வானில் குடியாய் இருந்ததே"

-பதினெண் சித்தர் நாடி சாஸ்திரம்

As per the above lines, the universe and the human body are made of five basic elements.

A.THE 96 BASIC PRINCIPLES (96 THATHUVAM):

According to Siddha system of medicine, ‘Thathuvam’ is considered as a science that deals with basic functions of the human body. Siddhars described 96 principles as the basic constituents of human body that include physical, physiological, psychological and intellectual components of an individual.

These 96 Thathuvams are considered to be the cause and effect of our physical and mental well-being. The Thathuvam is the author of the conception of human embryo on which the theory of medicine is based.

1. BOOTHAM – 5 (ELEMENTS):

- Mann - Earth
- Neer - Water
- Thee - Fire
- Vaayu - Air
- Aagayam - Space

2. PORI -5 (SENSORY ORGANS):

- Mookku (Nose) - It is a component of Mann bootham
- Naakku (Tongue) - It is a component of Neer bootham
- Kan (Eye) - It is a component of Thee bootham
- Thol (Skin) - It is a component of Vaayu bootham
- Kadhu (Ear) - It is a component of Aagayam bootham

3. PULAN -5 (FUNCTIONS OF SENSORY ORGANS):

- Nugarthal - Smell : It is a component of Mann bootham
- Suvaithal - Taste : It is a component of Neer bootham
- Paarthal - Vision : It is a component of Thee bootham
- Thoduthal - Touch : It is a component of Vaayu bootham
- Kettal - Hearing : It is a component of Aagayam bootham

4. KANMENTHIRIYAM – 5 (MOTOR ORGANS) AND KANMAVIDAYAM

- Vaai(Mouth)- Vasanam - Vaaku - The speech occurs in relation with Space element
- Kaal (Leg) -Kamanam- Paadham -The walking takes place in relation with Air element.
- Kai (Hands)- Dhaanam – Paani - Giving and taking are carried out with Fire element
- Eruvai (Rectum)- Visarkam- Paayuru -The excreta is removed in association with Water element
- Karuvai (Genital organ)-Aanandham – Ubastham - Sexual acts are carried out in association with Earth element.

5. KARANAM – 4 (INTELLECTUAL FACULTIES)

- Manam – Thinking about a thing
- Bhuddhi – Deep thinking or analyzing of the thought
- Siddham – Determination to achieve it
- Agankaaram – Achievement faculty

6. ARIVU – 1 (WISDOM OF SELF REALIZATION)

- To analyse good and bad.

7. NAADI -10 (Channels of Life Force responsible for the Dynamics of Life energy)

- Idakalai – Starts from the right big toe and ends at the left nostril.
- Pinkalai – Starts from the left big toe and ends at the right nostril.
- Suzhumunai – Starts from moolaathaaram & extend upto centre of head.
- Siguvai – Located at the root of tongue, helps in swallowing food.
- Purudan – Located in right eye.
- Kanthari – Located in left eye.
- Aththi – Located in right ear.
- Alambudai – Located in left ear.
- Sangini – Located in genital organs.
- Gugu – Located in anorectal region.

8. VAAYU – 10 (Vital nerve force which is responsible for all kinds of movements)

- **PRANAN (UYIR KAAL)** - This is responsible for the respiration of the tissues, controlling knowledge, mind and five sense organs and digestion of the food taken in.
- **ABANAN (KEEL NOKKU KAAL)** - It lies below the umbilicus. It is responsible for the downward expulsion of stools and urine, ejaculation of semen and menstruation, child birth.
- **VIYANAN (PARAVU KAAL)** -This is responsible for the motor and sensory functions of the entire body and the distribution of nutrients to various tissues.
- **UTHANAN (MEL NOKKU KAAL)** -It originates at utharakini. It is responsible for digestion, absorption and distribution of food. It is responsible for all the upward movements.

- **SAMANAN (NADUKKAL)** - This is responsible for the neutralization of the other 4 valis, i.e. Pranan, Abanan, Viyanan and Uthanan. Moreover it is responsible for the nutrients and water balance of the body
- **NAAGAN** - It is a driving force of eye balls, intellect activities , learning and responsible for their movements.
- **KOORMAN** - It is responsible for the opening and closing of the eyelids and also vision. It is responsible for yawning
- **KIRUKARAN**-It is responsible for the salivation of the tongue and also nasal secretion. Responsible for cough and sneezing and induces hunger
- **DEVATHATHAN**- This aggravates the emotional disturbances like anger, lust and frustration etc. As emotional disturbance influence to a great extent the physiological activities, it is responsible for the emotional upsets
- **DHANANCHEYAN** -Expelled after 3 days of death by bursting out of the cranium. It is responsible for edema, plethora and abnormal swellings in the body in the pathological state.

9. ASAYAM – 5 (VISCERAL CAVITIES):

- **AMARVASAYAM** (Reservoir organ): Stomach (digestive organ). It lodges the ingested food
- **PAKIRVASAYAM** (Digestive site): Small intestine. The digestion of food, separation and absorption of saaram from the digested food are done by this asayam
- **MALAVASAYAM** (Excretory organ for the solid waste): Large Intestine, especially rectum. Responsible for the expulsion of undigested food parts and flatus
- **SALAVASAYAM** (Excretory organ for the liquid waste): Urinary bladder, kidney. Responsible for the formation and excretion of urine
- **SUKKILAVASAYAM** (Genital organs): Place for the formation and growth of the sperm and ovum.

10. KOSAM – 5 (FIVE STATES OF THE HUMAN BODY OR SHEATH):

- **ANNAMAYA KOSAM** - Physical Sheath (Gastro intestinal system)
- **PRANAMAYA KOSAM** - Respiratory Sheath (Respiratory system)
- **MANOMAYA KOSAM** - Mental Sheath (Cardio vascular system)
- **VIGNANAMAYA KOSAM** - Intellectual Sheath (Nervous system)
- **ANANDHAMAYA KOSAM** - Blissful Sheath (Reproductive system)

11. AATHARAM – 6 (STATIONS OF SOUL):

- **MOOLADHARAM** - Situated at the base of the spinal column between genital organ and anal orifice. Letter “OM” is inscribed
- **SWATHITANAM** - Located 2 finger breadths above the Mooladharam, (i.e) between genital and naval region. Letter “N” is inscribed. Earth element attributed to this region
- **MANIPOORAGAM**- Located 8 finger breadths above the Swathitanam, (i.e) at the naval center. Letter “M” is inscribed. Element is Water
- **ANAKATHAM** - Located 10 finger breadths above Manipooragam, (i.e) location of heart. Letter “SI” is inscribed. Element is Fire
- **VISUTHI** - Located 10 finger breadths above the Anakatham (i.e) located in throat. Letter “VA” is inscribed. Element is Air
- **AAKINAI** - Located between two eyebrows. Element is Space. Letter “YA” is inscribed.

12. MANDALAM- 3 (REGIONS):

- **THEE MANDALAM** (Agni Mandalam) Fire zone
Fire Region, found 2 fingers width above the Mooladharam.
- **GNAYIRU MANDALAM** (Soorya Mandalam) Solar zone
Solar Region, located with 4 fingers width above the umbilicus.
- **THINGAL MANDALAM** (Chandra Mandalam) Lunar zone
Lunar Region, located at the center of two eye brows.

13. MALAM – 3 (THREE IMPURITIES OF THE SOUL):

- **AANAVAM** - This act makes clarity of thought, knowing the power of the soul, yielding to the egocentric consciousness like 'I' and 'Mine' considering everything is to his own. (Greediness)
- **KANMAM** - Goes in collusion with the other two and responsible for incurring paavam (the Sin) and Punniyam (virtuous deed/Sanctity)
- **MAYAI** - Claiming ownership of the property of someone else and inviting troubles.

14. THODAM – 3 (THREE HUMOURS) :

- **VALI (VATHAM)** - It is a creative force, formed by Vaayu & Aakaya bootham.
- **AZHAL (PITHAM)** - It is a protective force, formed by Thee bootham
- **IYYAM (KABAM)** - It is a destructive force, formed by Mann & Neer bootham

15. EADANAI - 3 (PHYSICAL BINDINGS) :

Materialistic affinity Sibbling / Familial bonding

- **PORUL PATRU** - Material bindings
- **PUTHALVAR PATRU** - Offspring bindings
- **ULAGA PATRU** - Worldly bindings

16. GUNAM – 3 (THREE COSMIC QUALITIES) :

- **SATHUVA GUNAM** (*Characters of Renunciation or Ascetic Virtues*) - The grace, control of sense, wisdom, penance, generosity, excellence, silence and truthfulness are the qualities attributed to the benevolent trait
- **RASO GUNAM** (*Characters of Ruler*) - Enthusiasm, wisdom, valour, virtue/penance offering gift, art of learning and listening are the traits
- **THAMO GUNAM** (*Carnal and Immoral Characters*) - Immortality, lust, killing laziness, violation of justice, gluttony falsehood, forgetfulness and fraudulence etc.

17. VINAI – 2 (ACTS):

- **NALVINAI** - Good Acts (Meritorious acts)
- **THEEVINAI** - Bad Acts (Sinful acts)

18. RAGAM – 8 (THE EIGHT PASSIONS) :

- Kaamam – Desire
- Kurotham – Hatred
- Ulobam – Stingy
- Moham – Lust (Intense or Sexual desire, infatuation)
- Matham – Pride (The feeling of respect towards one's self)
- Marcharyam – Internal conflict, Envy
- Idumbai – Mockery
- Ahankaram – Ego

19. AVATHAI – 5 (FIVE STATES OF CONSCIOUSNESS) :

- **NINAIVU-AWAKENED STATE (*Sakkiram*)**-This state exists between the eye-brows. The four strengths, the five senses, the five actions (*Asayam*) and the four *Andhakaranas* are active in this state
- **KANAVU- Dream state (*Swappanam*)**- Dream state is one in which the five senses and five actions lie dormant at Adam's apple (Throat)
- **URAKKAM- Sleeping state (*Suzhuthi*)**- This is the state in which the Anthakaranas are associated with the soul but these could not be expressed to others and its seat being thorax
- **PERURAKKAM- Deep sleep (*Thuriyam*)**- The seevathma, along with wisdom lies at the navel region, here respiration takes place
- **UYIRPADAKKAM- Immersed state of seevathma (*Thuriyatheetham*)**-The seevathma is deeply immersed in the moolathara without the awareness of impurity (malam), sloth (Mantham), delusion (maya) and other sense of touch.

THE UYIR THATHUKKAL:

The physiological units of the Human body are **Vali** (Vatham), **Azhal** (Pitham) and **Iyyam** (Kabam). They are also formed by the combination of the five elements.

Vaatham = Vaayu+Aagayam: Creative force

Pitham = Thee: Force of preservation

Kabam = Mann+Neer: Destructive force

As per the above lines the Universe and the human body are made of five elements. If these three humours are in the ratio 1:½:¼ in equilibrium or in normal condition, then they are called as the Life forces.

SITES OF UYIR THATHUKKAL :

"பொங்கிய தைந்துக்குள் பொல்லாதது இம் மூன்றுதான்
தங்கிய வாயு சமத்தன் மகாவாதம்
பங்கிய வன்னியால் பகுந்தது பித்தமே
பகுந்த சலத்தில் பரிசிக்கும் நல்லையும்
வகுந்த இம்மூன்றால் வளர்ந்தது நோயெல்லாம்
அகுந்தது தானறிந்து அளவிட்ட யோகிகள்
மகிழ்ந்தே யிதில் நின்ற மயக்கம் அறிவாறே"

-பதினெண் சித்தர் நாடி சாஸ்திரம்

THE FORMATION OF UYIR THATHUKKAL

மூவகை நாடியும் உயிர் தாதுவும்

"தாது முறையே தனிஇடை வாதமாம்
போதுறு பின்கலை புகன்றது பித்தமாம்
மாது சுழுமுனை வழங்கிடும் ஐயமாம்
ஓது முறை பார்த்து உணர்ந்தவர் சித்தரே"

-பதினெண் சித்தர் நாடி சாஸ்திரம்

மூவகை வாயுவும் உயிர் தாதுவும்

"உணர்ந்த அபானன் உறும் அந்த வாதத்தில்
புணர்ந்த பிராணன் புகும் அந்தப் பித்தத்தில்
அணைந்த சமானன் அடங்கும் கபத்தோடு
இணைந்திவை மூன்றுக்கு எடுத்த குறி ஒன்றே"

-பதினெண் சித்தர் நாடி சாஸ்திரம்

Vali = Abanan + Idagalai

Azhal = Piranan + Pinkalai

Iyyam = Samanan + Suzhumunai

I. VALI (VATHAM) :

a. THE NATURE OF VALI :

Vali is soft, fine and the temperature (coolness and hotness) could be felt by touch.

b. SITES OF VALI :

"நெளிந்திட்ட வாதமபானத்தைப் பற்றி
நிறைந்திடையைச் சேர்ந்துந்திக் கீழே நின்று
குளிந்திட்ட மூலமதூா டெழுந்து காமக்
கொடியிடையைப் பற்றியெழுங் குணத்தைப் பாரே
நிணமான பொருத்திடமும் ரோமக் காலும்
நிறைவாகி மாங்கிசமெல் லாம்பரந்து"

- வைத்திய சதகம்

According to Vaithya sathakam, Vali dwells in the following places: They are Umbilicus, rectum, faecal matter, abdomen, anus, bones, hip joint, navel plexus, joints, hair follicle and muscles.

"அறிந்திடும் வாத மடங்கு மலத்தினில்"

- திருமூலர்

"நாமென்ற வாதத்துக் கிருப்பிடமே கேளாய்
நாபிக்குக் கீழென்று நவில லாகும்"

- யூகி முனிவர்

According to Sage Thirumoolar and Yugi muni, the places of vatham are the anus and the region below the naval.

c. THE PROPERTIES OF VALI:

"ஒழுங்குடனே தாதேழ் மூச்சோங்கி இயங்க
எழுச்சிபெற எப்பணியுமாற்ற எழுந்திரிய
வேகம் புலன்களுக்கு மேவச் சுறுசுறுப்பு
வாகளிக்கும் மாந்தர்க்கு வாயு"

-சித்த மருத்துவாங்க சுருக்கம்

d. THE FUNCTIONS OF VALI:

- To stimulate the respiration
- To activate the body, mind and the intellect.
- To expel the fourteen different types of natural reflexes.
- To activate seven physical constituents in functional co- ordination.
- To strengthen the five sense organs.

In the above process vatham plays a vital role to assist the body functions.

II. AZHAL (PITHAM):

a. THE NATURE OF AZHAL :

The nature of Azhal is atomic. It is sharp and hot. The ghee becomes watery, salt crystallizes and jaggery melts because of heat. The heat of Azhal is responsible for many actions and their reactions.

b. SITES OF AZHAL :

“தானான பித்தம் பின் கலையைப் பற்றிச்
சாய்வான பிராணவாயு வதனைச் சேர்ந்து
ஊனான நீர்ப்பையி லணுகி மூலத்
துதித்தெழுந்த வக்கினியை யுறவு செய்து
மானேகே ளிருதயத்தி லிருப்பு மாகி
கோனான சிரந்தனிலே யிறக்க மாகி
கொண்டுநின்ற பித்தநிலை கூறி னோமே”
-வைத்திய சதகம்

According to vaithiya sathagam, the pingalai, urinary bladder, stomach and heart are the places where Azhal sustains. In addition to the above places, the umbilicus, epigastric region, stomach, sweat, saliva, blood, essence of food, eyes and skin are also the places where Azhal sustains. Yugi muni says that the Azhal dwells in urine and the places below the neck.

c. THE CHARACTERS OF AZHAL:

Azhal is responsible for the digestion, vision, maintenance of the body temperature, hunger, thirst, taste etc. Its other functions include thought, knowledge, strength and softness.

d. THE FUNCTIONS OF AZHAL:

- Maintenance of body temperature.
- Produces reddish or yellowish colour of the body.
- Produce heat energy on digestion of food.
- Produces sweating.
- Induces giddiness.
- Produces blood and the excess blood are let out.
- Gives yellowish coloration to the skin, eyes, faeces and urine
- Produce anger, heat, burning sensation, inaction and determination.
- Gives bitter or sour taste.

e. THE TYPES OF AZHAL :

- **AAKKANAL – Anal pitham or Pasaka pitham – The fire of digestion-** It lies between the stomach and the intestine and causes digestion and dries up the moist ingested substance
- **VANNA ERI – Ranjaga pitham – Blood promoting fire-** The fire lies in the stomach and imparts red colour to the chyme and produces blood. It improves blood
- **AATRALANKI – Saathaga pitham – The fire of energy -** It gives energy to do the work
- **NOKKU AZHAL – Alosaga pitham – The fire of Vision-** It lies in the eyes and causes the faculty of vision. It helps to visualize things
- **UL OLI THEE – Prasaka pitham – the fire of brightness-** It gives colour, complexion and brightness to the skin.

III. IYYAM (KABAM):

a. THE NATURE OF IYYAM:

Greasy, cool, dull, viscous, soft and compact are the nature of Iyyam.

b. THE SITES OF IYYAM :

“கூறினோஞ் சிலேத்மமது சமான வாய்வைக்

கொழுதியே சுழிமுனையைப் பற்றி விந்தில்

கீறியே சிரசிலாக் கிணையைச் சேர்ந்து

சிங்குவையின் ணாக்குறிண மச்சை ரத்தம்

மீறியே நிறங்கோண நரம் பெலும்பில்

மேவியதோர் மூலைபெருங் குடலிற் கண்ணில்

தேறியதோர் பொருத்திடங்க ளெல்லாஞ் சேர்ந்து

சிலேத்மமது வீற்றிருக்குந் திடங் கண்டாமே”

-வைத்திய சதகம்

Head, tongue, eyes, nose, throat, thorax, bone, bone marrow, joints, blood, fat, sperm and colon are the seats of Iyyam. It also lies in the stomach, spleen, the pancreas, chyle and lymph.

c. THE PROPERTIES OF IYYAM:

Stability, greasiness, formation of joints, the ability to withstand hunger, thirst, sorrow and distress are the qualities. It also helps to withstand sufferings.

d. THE FUNCTIONS OF IYYAM:

Greasiness, strength, roughness, knowledge, cool, growth, heaviness of bone, restriction of joint movements, pallor, indigestion, deep sleep and to have a sweet taste in tongue are the functions of Iyyam. The skin, eyes, faeces and urine are white in colour due to the influence of Iyyam.

E. THE TYPES OF IYYAM:

- **ALI IYYAM – Avalambagam** - Heart is the seat of Avalambagam. It controls all other types of Iyyam
- **NEERPI IYYAM – Kilethagam** - Its location is stomach. It adds moisture & gives softness to the ingested food
- **SUVAI KAN IYYAM – Pothagam** - Its location is tongue. It is responsible for the sense of taste
- **NIRAIVAIYYAM – Tharpagam** - It gives coolness to the vision.
- **ONDRI IYYAM – Santhigam** - It gives lubrication to the bones particularly in the joints.

THE UDAL THATHUKKAL (PHYSICAL CONSTITUENTS):

Udal Thathukkal is the basic physical constituents of the body. They are also constituted by the Five Elements.

- **SAARAM :** This gives mental and physical perseverance
- **SENNEER:** Imparts colour to the body and nourishes the body
- **OON :** It gives shape to the body according to the physical activity and cover the bone
- **KOZHUPPU :** It lubricates the joints and other parts of the body to function smoothly
- **ENBU :** Supports the frame and responsible for the postures and movements of the body
- **MOOLAI :** It occupies the medulla of the bones and gives strength and softness to them
- **SUKKILAM/SURONITHAM:** It is responsible for reproduction. These are the seven basic constituents that form the physical body. The bones are predominantly formed by the Earth component, but other elements are also present in it. All the three humours Vali, Azhal and Iyyam present in this 7 constituents. The take food converted to udal thaadhu in which the take food is converted to saaram in the first day, and then it converted to chenneer in the second-day, oon, kozhuppu, enbu, moolai and sukkilam/ Suronitham respectively in the following days. So in the seventh day only the intake food goes to the sukkilam/suronitham.

UDAL THEE (FOUR KINDS OF BODY FIRE)

There are four kinds of body fire. They are Samaakkini, Vishamaakkini, Deekshaakkini and Manthaakkini.

- **SAMAAKKINI (BALANCED DIGESTIVE FIRE) -** The digestive fire is called as Samaakkini. This is constituted by Samana Vayu, Anala Pitham and Kilethaga Kabam. If they are in normal proportion then it is called as Samakkini. It is responsible for the normal digestion of the food
- **VISHAMAAKKINI (TOXIC DIGESTION) -** Due to deranged and displaced Samana Vayu, it takes a longer time for digestion of normal food. It is responsible for the indigestion due to slow digestion

- **DEEKSHAAKINI (ACCENTUATED DIGESTION)** - The samana vayu rounds up the Azhal, which leads to increased Anala Pitham, so food is digested faster
- **MANTHAAKKINI (SLUGGISH DIGESTION)** - The samana vayu rounds up the Iyyam, which leads to increased Kilethaga Kapham. Therefore food is poorly digested for a very longer period and leads to abdominal pain, distension heaviness of the body etc.

THINAI:

There are five thinai (The Land)

- **KURINCHI** – Mountain and its surrounding areas (Hilly terrain)
- **MULLAI** – Forest and its surrounding areas (Forest ranges)
- **MARUDHAM** - Agricultural land and its surrounding areas (Cultivable lands)
- **NEIDHAL** - The coastal and its surrounding areas (Coastal belts)
- **PAALAI** – Desert and its surrounding areas (Arid Zone)

FEATURES OF THE FIVE REGIONS:

1. KURINCHI:

"குறிஞ்சி வருநிலத்திற்கு கொற்றமுண்டி ரத்தம்
உறிஞ்சி வருசுரமு முண்டாம் - அறிஞருரைக்
கையமே தங்குதரத் தாமைவல்லை யுங்கதிக்கும்
ஐயமே தங்கும் அறி"

- பதார்த்த குண சிந்தாமணி

Fever causing anemia, any abnormal enlargement in the abdominal organ (Vaitrulaamai katti) also leads to Iyya disease.

2. MULLAI:

"முல்லை நிலத்தயமே மூரிநிரை மேவினுமவ்
வெல்லை நிலைத்தபித்த மெய்துருங்காண் - வல்லையெனின்
வாதமொழி யாததனுள் மன்னு மவைவழிநோய்ப்
பேதமொழி யாதறையப் பின்பு"

- பதார்த்த குண சிந்தாமணி

This mullai land leads to Azhal, Vallai & Vali diseases.

3. MARUDHAM:

"மருதநிலம் நன்னீர் வளமொன்றைக் கொண்டே
பொருதனில மாதியநோய் போக்கும் - கருதநிலத்
தாறிரதஞ்சூ அருந்துவரென் றாற்பிணியெல்
லேறிரதஞ் சூழ்புவிக்கு மில்"

- பதார்த்த குண சிந்தாமணி

All the Vali, Azhal and Iyyam disease will be cured in this land.

4. NEIDHAL:

"நெய்தனில மேலுப்பை நீங்கா துறினுமது
வெய்தனில மேதங்கு வீடாகும் - நெய்தல்
மருங்குடலை மிக்காக்கும் வல்லுறுப்பை வீக்கும்
கருங்குடலைக் கீழிறக்குங் காண்"

- பதார்த்த குண சிந்தாமணி

This place induces Vali diseases and affects liver and intestines.

5. PAALAI:

"பாலை நிலம்போற் படரைப் பிறப்பிக்க
மேலைநில மியாது விரித்தற்கு - வேலை நில
முப்பிணிக்கும் மில்லாம் முறையே யவற்றகலாம்
எப்பிணிக்கு மில்லமஃ தெண்"

- பதார்த்த குண சிந்தாமணி

This land produces all the three Vali, Azhal and Iyyam disease.

KAALAM:

Ancient Tamilians had divisions over the year into different seasons know as Perumpozhudhu and likewise in the day, it is known as Sirupozhudhu.

a. PERUMPOZHUDHU:

The year is divided into six seasons. They are,

- Kaarkalam – Aavani, Purataasi (August 16-October 15)
- Koothir – Aipasi, Kaarthigai (October 16-December 15)

- Munpani – Maargazhi, Thai (December 16-February 15)
- Pin pani – Maasi, Panguni (February 16-April 15)
- Ilavenil – Chithirai, Vaigaasi (April 16-June 15)
- Mudhuvenil – Aani, Aadi (June 16 – August 15)

b. SIRUPOZHUTHU :

The day has been divided into six parts of four hours each. They are maalai (evening), yammam (Midnight), Vaigarai (Dawn), Kaalai (Morning), Nannpakal (Noon), Erpaddu (Afternoon). The each perum pozhuthu and sirupozhuthu is associated with the three humours naturally.

NILAM	POZHUTHU	
	PERUMPOZHUTHU	SIRUPOZHUTHU
Kurinchi	Koothir kaalam, Munpani	Naduiravu
Mullai	Kaarkaalam	Maalai
Marutham	Ilavenil, Venil, kaarkaalam, koothirkaalam, Munpani, Pinpani	Vaigarai, kaalai
Neidhal	Ilavenil, Venil, kaarkaalam, koothirkaalam, Munpani, Pinpani	Pirpagal
Paalai	Venil, Pinpani	Nadupagal

**Table: 1-POZHUTHUGAL
FOURTEEN NATURAL REFLEXES / URGES:**

The natural reflexes excretory, protective and preventive mechanisms are responsible for the reflexes, urges and instincts. They are 14 in number

1. Vatham (Flatus)
2. Thummal (Sneezing)
3. Siruneer (Micturition)
4. Malam (Defecation)
5. Kottavi (Act of yawning)
6. Pasi (Sensation of hunger)
7. Neer vetkai (Sensation of thirst)
8. Erumal (Coughing)
9. Elaipu (Fatigue)

10. Thookam (Sleep)
11. Vaanthi (Vomiting)
12. Kanneer (Tears)
13. Sukkilam (Semen)
14. Suvasam (Breathing)

These natural reflexes are said to be an indication of normal functioning of our body. A proper maintenance should be carried out and they should not be restrained with force.

KUGARANA NILAI IN SIDDHA MEDICINE

This is the first medical system to emphasis health as the perfect state of physical, psychological, social and spiritual components of human being. The condition of the human body in which the dietary habits, daily activities and the environmental factors influence to keep the three humors in equilibrium is considered as healthy living.

DISEASE

Disease is also known by other names viz sickness, distemper, suffering and ailment, distress of mind, chronic disease and dreadful illness.

1.THE CHARECTERISTIC FEATURES OF THE DISEASE

Diseases are of two kinds

- i. Pertaining to the body
- ii. Pertaining to the mind according to the variation of the three humors.

CAUSES OF DISEASE

Excepting the disease caused by our previous births, the disease is normally caused by our food habits and actions.

This has been rightly quoted in the following verses by Sage Thiruvalluvar,

"மிகினும் குறையினும் நோய்செய்யும் நூலோர்
வளிமுதலா எண்ணிய முன்று"

-திருவள்ளுவர்

The food and actions of a person should be in harmony with the nature of his body. Any increase or decrease in a humor viz. Vatham, Pitham, Kabam leads to the derangement of the three humors. The acceptance of food means the taste and quality of the food eaten and a person's ability to digest. 'Actions' mean his good words, deeds or bad actions. According to Sage Thiruvalluvar, the disease is caused due to the increase or decrease of three humors causing the upset of equilibrium. So disease is a condition in which there is derangement in the five elements, which alters the three humors, reflected in turn in the seven physical constituents. The change could be an increase or decrease in the humors. This shows the following signs as per vitiation of the individual humor.

QUANTITATIVE CHANGES OF UYIR THATHUKKAL

HUMOUR	INCREASED	DECREASED
VALI (Vatham)	Wasting, blackish discoloration, affinity to hot foods, tremors, distended abdomen, constipation, weakness, insomnia, weakness in sense organs, giddiness and laziness.	Body pain, feeble voice, and diminished capability of the brain, decreased intellectual quotient, syncope and increased kaba condition.
AZHAL (Pitham)	Yellowish discoloration of conjunctiva, skin, urine and feces, polyphagia, polydypsia, dyspepsia, burning sensation all over the body and decreased sleep.	Loss of appetite, cold, pallor and features of increased kabam.
IYYAM (Kabam)	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough and excessive sleep.	Giddiness, dryness of the joints and prominence of bones. Profuse sweating in the hair follicles and palpitation.

Table: 2- Changes of Uyir Thathukkal

TASTE

TASTES	DISEASES DUE TO HIGH INTAKE
Inippu	Develops obesity, excessive fat, increased mucous secretion, indigestion, diabetes, cervical adenitis, increased kabam and its diseases
Pulippu	Develops nervous weakness, dull vision, giddiness, anaemia, dropsy, dryness of tongue, acne, blisters etc.
Uppu	Ageing, hair loss, leprosy, dryness of tongue, debility
Kaippu	Increased dryness of tongue, defective Spermatogenesis, body weakness, dyspnoea lassitude, tremor, back and hip pain
Kaarppu	Dryness of tongue, generalized malaise, tremor, back pain, lassitude etc.
Thuvarppu	Abdominal discomfort, chest pain, tiredness, impotency, vascular constriction, constipation, dryness of tongue etc.

Table-3-Taste

UDAL THATHUKKAL

UDAL THATHUKKAL	INCREASED FEATURES	DECREASED FEATURES
SAARAM	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough and excessive Sleep	Dryness of skin, tiredness, loss of weight, lassitude and Irritability while hearing louder sounds.
SENNEER	Boils in different parts of the body, splenomegaly, tumours, pricking pain, loss of appetite, haematuria, hypertension, reddish eye and skin, leprosy and jaundice.	Affinity to sour and cold food, nervous debility, dryness and Pallor.
OON	Tubercular adenitis, venereal diseases, extra growth around neck, cheeks, abdomen, thigh and genitalia.	Lethargic sensation, pain in joints, muscle wasting in mandibular region, gluteal region, penis and thighs.
KOZHUPPU	Feature of increased musculature, tiredness, dyspnoea on exertion, extra musculature in gluteal region, external genitalia, chest, abdomen and thighs.	Loins pain, splenomegaly and emaciation.
ENBU	Excessive ossification and redundant dentition	Joint pain, falling of teeth, falling and splitting of hairs and nails.
MOOLAI	Heaviness of the body and eyes, Swollen Inter phalangeal joints, oliguria and non-healing ulcers	Osteoporosis and Blurred vision.
SUKKILAM (OR) SURONITHAM	Increased sexual activity, urinary calculi	Dribbling of sukkilam / suronitham or senneer during coitus, pricking pain in the testis and inflamed & contused external genitalia.

Table: 4 -Changes of Udal Thathukkal

KAALAM

KAALAM (Season)	KUTTRAM	STATE OF KUTTRAM
1. Kaarkaalam (Rainy) Aavani –Puratasi (Aug 16 – Oct 15)	Vatham ↑↑ Pitham ↑ Kabam (--)	Ectopic escalation In situ escalation Restitution
2. KoothirKaalam (Post rainy) Iypasi –Karthigai (Oct 16 – Dec 15)	Vatham (--) Pitham ↑ ↑ Kabam (--)	Restitution Ectopic escalation Restitution
3. MunpaniKaalam(Winter) Markazhi – Thai (Dec 16 – Feb 15)	Vatham (--) Pitham (--) Kabam (–)	Restitution Restitution Restitution
4. PinpaniKaalam(Post winter) Masi – Panguni (Feb 16 –Apr 15)	Vatham (--) Pitham (--) Kabam ↑	Restitution Restitution In situ escalation
5. IlavenilKaalam(Summer) Chithirai – Vaikasi(Apr 16 – Jun 15)	Vatham (--) Pitham (--) Kabam ↑ ↑	Restitution Restitution Ectopic escalation
6. MudhuvenilKaalam(Post summer) Aani – Aadi (Jun 16 – Aug 15)	Vatham ↑ Kabam (--)	In situ escalation Restitution

Table :5- changes in climatory condition of the external world has its corresponding effects on the human organs

THINAI

THINAI	LAND	HUMOURS
1. Kurinchi	Mountain and its surroundings - Hilly terrain	Kabam
2. Mullai	Forest and its surroundings - Forest ranges	Pitham
3. Marutham	Farm land and its surroundings – Cultivablelands	All three humors are inEquilibrium
4. Neidhal	Sea shore and its adjoining Areas-Coastal belt	Vadham
5. Paalai	Desert and its surroundings- Arid zone	All three humors are Affected

Table-6-Thinai, Land, Humours

ALTERATION IN REFLEXES (14 Vegangal)

There are 14 natural reflexes involved in the physiology of normal human being. If wilfully restrained or suppressed, the following are resulted.

- **VATHAM (Flatus)**- This urge should not be suppressed. If it is suppressed it leads to chest pain, epigastric pain, abdominal pain, aches, constipation, dysuria and indigestion predominate
- **THUMMAL (Sneezing)**-If restrained, it leads to headache, facial pain, low back pain and neurotic pain in the sense organs
- **SIRUNEER (Urine)** -If restrained, it leads to urinary retention, urethral ulcer, joint pain, pain in the penis, gas formation in abdomen
- **MALAM (Feces)** - If restrained, it leads to pain in the knee joints, headache, general weakness, flatulence and other diseases may also originate
- **KOTTAVI (Yawning)**- If restrained, it leads to indigestion, leucorrhoea, and abdominal disorders
- **PASI (Hunger)**- If restrained, it leads to the tiredness of all organs, emaciation, syncope, apathetic face and joint pain
- **NEERVETKAI (Thirst)** -If restrained, it leads to the affection of all organs and pain may supervene
- **KAASAM (Cough)** - If it is restrained, severe cough, bad breath and heart diseases will be resulted
- **ILAIPPU (Exhaustiveness)**- If restrained, it will lead to fainting, urinary disorders and rigor
- **NITHIRAI (Sleep)** -All organs will get rest only during sleep. So it should not be avoided. Disturbance will lead to headache, pain in the eyes, deafness and slurred speech
- **VAANTHI (Vomiting)** - If restrained, it leads to itching, anaemia, eye diseases and symptoms of increased Pitham
- **KANNEER (Tears)** - If it is restrained, it will lead to Sinusitis, heart diseases, headache, eye diseases
- **SUKKILAM (Semen)** - If it is restrained, there will be joint pain, difficulty in urination, fever and chest pain
- **SUVASAM (Breathing)**- If it is restrained, there will be cough, abdominal discomfort and Anorexia

3. C. DIAGNOSTIC METHODOLOGY

The methodology of diagnosing disease in Siddha system shows uniqueness in its principle. The principle comprises of examination of Tongue, Complexion, Modulation in speech, inspection of eyes and findings by palpation. It also includes examination of urine and stool. The reinforcement of diagnosis is based on Naadi (Pulse) examination. All these together constitute 'Envagai thervugal' which forms the basis of diagnostic methodology in Siddha system of Medicine.

These tools not only help in diagnosis but also to observe the prognosis of the disease and for reassuring the patient and to be informed about the nature of diseases. Besides these Envagaithervugal there are some other parameters in Siddha system which are greatly helpful in diagnosing various disease, they are Manikkadainool (Wrist circummetric sign) and Soditham (Astrology).

ENVAGAI THERVUGAL (Eight fold examination)

The eight such diagnostic methods, collectively referred to as "Envagai thervu (Eight type) Thervugal (Examination)" in Siddha system.

“அகத்துறு நோயை கரத்தாம லகம்போல்
பகுத்தறிவீர் நாடிப் பரிசம் - தொகுத்த நிறம்
கட்டுவகைச் சொல்மொழிக் கண்ட மல மூத்திரம் நா
எட்டுவகை யாலு மறிவீர்”
-அகத்தியர் வைத்திய சிந்தாமணி-4000

Various aspects of Siddha regarding 'Envagai Thervu'

"நாடி பரிசம் நாநிறம் மொழிவிழி
மலம் மூத்திரமிவை மருத்துவராயுதம்"
-தேரையர்.
"மெய்குறி நிறந்தொனி விழிநா விருமலம் கைக்குறி"

-தேரையர்

The eight methods of diagnosis are Naadi (Pulse), Sparisam (Palpation), Naa (Tongue), Niram (Color), Mozhi (Voice), Vizhi (Eyes), Malam (Feces) and Neer (Urine).

1. NAADI (Examination of pulse)

The pulse Diagnosis is a unique method in Siddha Medicine. The pulse should be examined in the right hand for male and the left hand for female. The pulse can be recorded at the radial artery. By keenly observing the pulsation, the diagnosis of diseases as well as its prognosis can be assessed clearly.

Naadi is nothing but the manifestation of the vital energy that sustains the life within our body. Naadi plays an important role in Envagai Theruvu and it has to be considered as foremost thing in assessing the prognosis and diagnosis of various diseases. Any variation that occurs in the three humors is reflected in the Naadi. These three humors organize, regularize and integrate basic functions of the human body. So, Naadi serves as good indicator of all ailments.

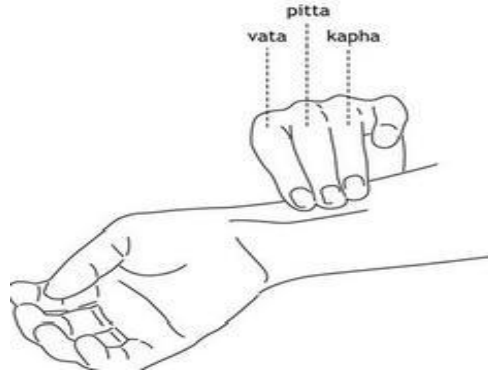


Figure: 1- Naadi Examination

நாடி பார்க்கும் வகை

"இடுமென்ற நாடிகள் பார்க்கும் வகையைக்கேளு
என்னவென்றால் நடுவிரல் நீவிப்பின்னே
அடுமென்ற அடுத்தவிரல் மோதிரமாம் விரலை
அப்பனே இளத்தபின்பு சுண்டுவிரலினுத்து
உடுமென்ற தூண்டுவிரலி ளுத்து அப்பால்
உத்ததொரு அங்குட்ட விரலைநீ விக்கரத்தில்
படுமென்ற சீயோதி அங்குல மோதள்ளி
பார்தவிட மூன்றுதாம் சுரம்பார்க்கும் வகையே
வகைஎன்ன வாதமதுஒண்ணரையாம் பித்தம்
வளமையொன்று அய்யங்கால் வளமாய்நிற்கில்
பகையில்லை நாடிகளுந் தொந்த மில்லை
பண்பான் சுகரொசருபக் கூறுசொன்னேன்"

-அகத்தியர் கனகமணி 100

Naadi is felt by

Vali - Tip of index finger

Azhal - Tip of middle finger

Iyyam - Tip of ring finger

மூவகையும் மாத்திரை அளவும்:

"வழங்கிய வாதம்மாத்திரை ஒன்றாகில்
தழங்கிய பித்தம் தன்னில் அரைவாசி
அழங்கும் கபந்தான்அடங் கியேகாலோடில்
பிழங்கிய சீவர்க்குப் பிசுகொன்று மில்லையே"

-குணவாகட நாடி

The pulse is measured in wheat/grain expansile heights. The normal unit of pulse diagnosis is 1 for Vali (Vaadham), ½ for Azhal (Pitham) and ¼ for Iyyam (Kabam).

நாடி நடை

"வாகிலன்னங் கோழி மயிலென நடக்கும் வாதம்
ஏகிய வாமையட்டை யிவையென நடக்கும் பித்தம்
போகிய தவளை பாம்பு போலவாம் சேத்துமந்தான்"
-குருநாடி

Compared to the gait of various animals, reptiles and birds.

Vali - Gait of Swan and peacock

Azhal - Movement of Tortoise and Leech

Iyyam - Leaping of Frog and crawling of a Serpent

2. SPARISAM (Examination by touch)

TOUCH (தொடு உணர்வு):

"வெம்மை குறைந்தாலு மிகுந்தாலும் வாதபித்தம்
தம்மை நிரைநிரையாய்ச் சாற்றுவார்-வெம்மையன்றி
சீதமுஅவ் வாறாகில் சிலேட்டும் மொன்றுதொந்த
மீதமும்அவ் வாறாகு மேல்"

-அகத்தியர் வைத்திய சிந்தாமணி-4000

"நேயமுடனே வாதத்தின் தேசந்தானும்

நேர்மையாய் குளிர்ந்து சில விடத்திலே தான்

மாயமுட னுட்டணமுந் துடிதுடிப்பு

மருவுதலாம் பித்தத்தின் தெகந் தானும்

தோயவே வுட்ணமதா யிருக்குந் தெளிவாய்

சேத்துமத்தின் தேகமது குளிர்ந்திருக்கும்

பாய தொந்த தேகமது பலவாறாகும்

பரிந்து தொட்டுத் தேகத்தைப் பார்த்துப் பேசே"

-கண்ணுசாமி பரம்பரை வைத்தியம்

In Vali disease, some regions of the body felt chill and in some areas they are hot.

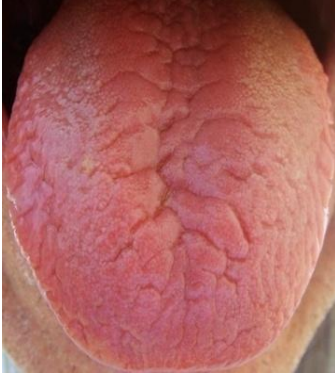
In Azhal disease, we can feel heat.

In Iyya disease, chillness can be felt.

In Thontham diseases, we can feel altered sensations.

3. NAA (Examination of tongue)

VATHAM



PITHAM



KABAM



Figure: 2- Examination of tongue

"பலமான ருசியறியும் நாவின் கூற்றை

பகர்கின்றேன் வாதரோகி யின்றன் நாவு

கலமாக வெடித்து கறுத்திருக்கு முட்போல்

கண்டு கொள்வாய் பித்தரோகியின்றன் நாவு

நலமுற சிவந்து பச்சென்றிருக்கும் நட்பிலா

சிலேத்துமரோகி யின்றன் நாவு

தலமதனிலுற்றமுதி யோர்கள் சொன்ன

தன்மையடி தடித்து வெளுத்திருக்கும் பாரே"

-கண்ணுசாமி பரம்பரை வைத்தியம்

- In Vali derangement, tongue will be cold, rough, furrowed and tastes pungent.
- In Azhal, it will be red or yellow and bitter taste will be sensed.
- In Iyyam, it is pale, sticky and with lingering of sweet taste.
- In Thontham, tongue will be dark with raised papillae and dryness.

1. NIRAM (Examination of complexion)

"தேகத்தி னிறந்தானுஞ் செப்பக் கேளீர்

சிறுமையாய் வாதந்தான் கறுத்தி ருக்கும்

போகத்தின் பித்தநிற மஞ்ச ளாகும்

பெருஞ்சேத்ம ரோகிக்கு வெளுப்ப தாகும்

பாகத்தின் தொந்தரோ கிக்குத் தானும்

பலபலவன் ணமுமாகிப் பரந்து நிற்கும்"

-சித்த மருத்துவாங்கச் சுருக்கம்

In Vali, Azhal and Iyyam variations, the colour of the body will be dark, yellow or red and fair respectively.

"உரைத்த கற்ப்பன் வாத ரோகிபித்த ரோகி

அரைத்தமஞ்ச ளைக்குளித்தோன் ஆவான் - இரத்தம்

குளித்தவனு மாவான் கொடும்சிலேத்தும ரோகி

வெளுத்திடுவான் தொந்த மெல்லாம"

- அகத்தியர் வைத்திய சிந்தாமணி-4000

According to Agathiyar Vaithiya Chinthamani Venba – 4000, In Vatha ,Pitha and Kapha vitiations the colors of body like as yellow, red and pale.

"முன்றாகும் வாதபித்த சிலேத்து மத்தால்

மிகுந்தமுறத் தொந்தித்த ரோகி தேகம்

தோன்றாத சீதய வஷ்ணங் காலமுன்றுந்

தொகுத்தேன்யான் திரேகத்தி நிறத்தைக் கேளு

ஊன்றாத வாதவுடல் கறுத்துக் காணும்

ஊறியபித்த முடல் சிவப்புப் பசுமைகாணும்

போன்றாத வையவுடல் வெண்மை தோன்றும்

பொருந்துந்தொந்த ரோகவுடற் கிவற்றை யொக்கும்"

- கண்ணுசாமி பரம்பரை வைத்தியம்

According to Kannusamy Paramparai Vaithiyam, In Vatha, Pitha and kapha vitiations, the colors of the body like as black, reddish green and white. In Thontha constitution, the color of the body will be associated with combination of two humours.

"பனைவாத தேகநிறங் கறுத்து நிற்கும்

பைத்தியதேக நிறமஞ்சள் சிவப்பதாமே

தாமே சிலேட்டு மதேகநிறம் வெளுப்பு தான்

தொந்தேகம் இந்நால் விதமாய நிற்கும்"

- தன்வந்திரி (பதினெண் சித்தர் நாடி சாத்திரம்)

According to Pathinen Siddhar Naadi Nool, In Vatha, Pitha and Kapha vitiations, the colors of the body like as black, yellowish red and white. In Thontha constitution, the color of the body will be associated with combination of two humours.

5.VIZHI (Examination of Eyes)

"உண்மையாய் கண்களுக்குறிப் பதைக்கேள் வாதம்

உற்றவிழி கறுத்துநொந்து நீருங் காணும்

தண்மையிலாப் பித்தரோகி யின்றன் கண்கள்

சார்பாகப் பசுமைசிவப் பேறுங் காணும்

வண்மையிலா வையரோகி விழிகள் தானும்

வளமான வெண்மைநிற மேதா நாதம்

திண்மையிலாத் தொந்தரோகி யின்றன் கண்கள்

தீட்டுவாய் பலநிறமென் றறைய லாமே"

-கண்ணுசாமி பரம்பரை வைத்தியம்

"காணுகின்ற வாத ரோகிக்கு கண்கள்

கருநிறமாய் நொந்துமிகத் தண்ணீர்பாயும்

பூணுகின்ற பித்தரோகிகடி மஞ்சள் போலிருக்கம்

சிவப்பு நிறப்பொலிவு தோன்றும்"

-பதினெண் சித்தர் நாடி சாத்திரம்

- In Vali disease the tears are darkened.
- In Azhal disease tears are yellow.
- In Iyya disease tears are whitish in colour
- In Thontha disease the tears are multi tinged.
- In Vali disease there will be excessive tears (epiphora).
- In disturbance of all three humors, eyes will be inflamed and reddish.

6. MOZHI (Examination of voice)

"பார்பதான் வாதரோகி யின்றன் வார்த்தை
பக்குவமாய்ச் சமசத்த மாயிருக்கும்
சேர்ப்பதுதான் பித்தரோகியின்றன் வார்த்தை
செப்பக்கோள பெலத்துமே யுறத்திருக்கும்
ஏற்பதுதான் ஐயரோகி யின்றன் வார்த்தை
யெளிதாகச் சிறுத்திருக்குமியல்பி தாகும்
கேசற்கவே யிம்மூன்றுந் தொந்தமாகில்
கூசாமற் பலவிதமாய் பேசுவாரே"

-கண்ணுசாமி பரம்பரை வைத்தியம்

In variation of Vali, Azhal and Iyyam the voice will be medium, high and shrill/low pitched respectively. By the voice, the strength of the body can be assessed.

7. MALAM (Examination of faeces)

"ஒக்குமே வாத நோய் மலத்தைப் பார்க்கில்
உகந்தமலம் கறுகியெ கறுத்திருக்கும்
மிக்கபித்த நோய்மலத்தை யுற்றுப் பார்க்கில்
மிகுந்தசிவப்புடன் பசுமை தானுந் தோற்றும்
மைக்குவளை மானேகே ளைய ரோகம்
மலமதுதான் வெண்மைநிற மாயிருக்கும்
பக்குவமா யிம்மூன்றுந் தொந்திப் பாகில்
பகருமின் நிறங்கள்வகை பரிந்து காணும்"

-கண்ணுசாமி பரம்பரை வைத்தியம்

- In exacerbad Vali, faeces is hard, dry and darker .
- In Azhal vitiation, it is yellow.
- In Iyyam disturbances it is pale
- In Thondham, it is a mixture of all colours.

8. MOOTHIRAM (Examination of urine)

“ஓங்கிய வாதத்தோர்க்கு நீர்விழுங் குணந்தா நுரைக்கின்ற
 பூங்கொடி கடுத்து நொந்து சிறுத்துடன் பொருமி விழும்
 பாங்குடன் பித்ததோர்க்கும் பசிய நீர் சிவந்து காட்டி
 ஏங்கவே கறுக்கதாக எரித்துடன் கடுத்து வீழும்
 வீழுமே சிலேற்பனத்தோர் நீர்க்குணம் விளம்பக் கேளாய்
 நாளுமே வெளுத்துறைந்து நலம்பெறவீழுங் கண்டாய்
 வாள்விழி மானேதொந்த ரோகமானிடர்க்குந் தானே
 தாளுநீர் பலநிறந்தா னெனவேசாற்றி னோமே”
 -கண்ணுசாமி பரம்பரை வைத்தியம்

For patients suffering from vatha diseases, the urine will be scanty and dysuria. For patients suffering from pitham disease would be of a greenish tinge and there urine will be burning micturition.

தேரையர் நீர்க்குறி நெய்க்குறி

"அருந்துமாறிரதமும் அவிரோதமதாய்
 அஃகல் அலர்தல் அகாலவூன் தவிர்ந்தழற்
 குற்றளவருந்தி உறங்கி வைகறை
 ஆடிக்கலசத் தாவியே காது பெய்
 தொருமுகூர்த்தக் கலைக்குட்படு நீரின்
 நிறக்குறி நெய்க்குறி நிறுமித்தல் கடனே"

-தேரையர் நீர்க்குறி நெய்க்குறி

Theraiyar, one of the renowned Sage of Siddha medicine described urine examination and stages of health. He had explained about the colour and consistency of the urine in vitiated humor and disease (Neerkuri). He also emphasized about the

spreading nature of a single drop of oil on the surface of the urine indicating the imbalance of specific dosha and prognosis of disease (Neikkuri).

Neerkuri:

“வந்த நீர்க்கரி எடை மணம் நுரை எஞ்சலென்

றைந்தியலுளவவை யறைகுது முறையே”

-தேரையர் நீர்க்குறி நெய்க்குறி

Five characters of urine have to be examined. They are colour, consistency, odour, frothy and deposits.

Colour of the urine

Normal urine is straw yellow coloured and mildly aromatic. The time of the day and food taken will have an impact on the colour of the urine.

Colour of the urine in diseased condition

- Yellow colour
- Red colour
- Green colour
- Black colour
- White colour

Neikkuri:

"அரவென நீண்டினஃதே வாதம்

ஆழிபோல் பரவின் அஃதே பித்தம்

முத்தொத்து நிற்கின் மொழிவதன் கபமே”

-தேரையர் நீர்க்குறி நெய்க்குறி

The spreading pattern of oil drop is the indicative of Vali, Azhal and Iyyam diseases.

- Aravu (Snake Pattern of spread) indicates Vali disease,
- Aazhi (Ring Pattern of spread) indicates Azhal disease.
- Muthu (Pearl Pattern of spread) indicates Iyya disease.

In Neikkuri, the rapid spread of oil drop; Pearl beaded and Sieve type of spreading pattern indicates incurable state of the disease. From this, we can assess the prognosis by the Neikkuri.

Indications of spreading pattern of oil

- Lengthening - Vali
- Splits - Azhal
- Sieve - Iyyam
- Stands as a drop - Poor prognosis
- Slowly spreads - Good prognosis
- Drop immerses into Urine - Incurable disease

MANIKKADAI NOOL (Wrist circummetric sign)



Figure: 3- Wrist circummetric sign

"கமலக்கை மணிக்கையில் கயறு சூத்திரம்
விமலனே நோக்கியே வேடமாமுனி
திமிலாம் பிணியது சேரச் செப்பியே
அமலனாமுனிக்கு முன்னருளிச் செய்ததே"

-பதினெண் சித்தர் நாடிநூல்

According to the Pathinen Siddhar Naadinool, Manikadainool is also helpful in diagnosis. This manikkadainool is a parameter to access the disease by measuring the circumference of the wrist by means of a thread and then expressing it in terms of patient's finger breadths. By this measurement the disease can be diagnosed.

Manikkadai nool inference (Ref: Agathiyarsoodamanikayarusoothiram)

When the Manikkadainool is 11 fbs, the person is expected to be stout and he may live a healthy life for many years. When the Manikkadainool measures between 4 & 6, it indicates poor prognosis of disease and the severity of the illness will be high and it invariably leads to death.

Measurement Possible conditions

- 10 fbs Pricking pain in chest and limbs, gastritis and ulcer result.
- 9 ¾ fbs Fissure, dryness and cough will be resulted.
- 9 ½ fbs Odema, increased body heat, burning sensation of eye, fever, Mega noi & Anorexia.
- 9 ¼ fbs Dysuria, Insomnia, Sinusitis and Burning sensation of Eye.
- 9 fbs Impaired hearing, pain around waist, thigh pain, unable to walk.
- 8 ¾ fbs Increased body heat, skin disease due to toxins, abdominal discomfort, cataract, sinusitis.
- 8 ½ fbs Leucorrhoea, venereal disorder and Infertility will occur.
- 8 ¼ fbs Stout and painful body. Headache, Sinusitis and toxins induced Cough.
- 8 fbs Abdominal discomfort, gastritis, anorexia & venereal diseases.
- 7 ¾ fbs Piles, burning sensation of limbs, headache, numbness occur.
- Within 2 years cervical adenitis and epistaxis results.
- 7 ½ fbs Osteoporosis, abdominal discomfort, burning sensation of eyes, increased body temperature. Within 6 days all the joints of the limbs presents a swelling.

- 7 ¼ fbs Lumbar pain, increased pitha in head, anemia, eye pain, odema and somnolence
- 7 fbs Pitham ascends to head, haemetemesis, phlegm, burning sensation of limbs and constipation.
- 6 ¾ fbs Eye ache, dizziness, testis disorder. Within 3 years it causes anuria, pain and burning sensation over limbs, facial sweating results.
- 6 ½ fbs Thirst, anorexia, increased body heat and vatham results.
- 6 ¼ fbs Diarrhea, belching, vomiting and mucous dysentery
- 6 fbs Reduced weight, phlegm in chest. It results in death within 20days.
- 5 ¾ fbs Delirium, dizziness, loss of consciousness. It results in death even if the patient takes gruel diet
- 5 ½ fbs Severity of illness is increased. Toxins spread to the head. Tooth darkens. Patient will die in 10 days.
- 5 ¼ fbs Patient seems to be sleepy and death results on the next day.
- 5 fbs Pallor and dryness of the body. Kabam engorges the throat and the person will die.
- 4 ¾ fbs Dryness of tongue and tremor present. Patient will die in 7days.
- 4 ½ fbs Shrunken eyes, odema will present and death results in 9 days.
- 4 ¼ fbs Tremor, weakness of limbs and darkening of face occurs.
- 4 fbs Pedal oedema will be present. Patient will die in 5 days.

4. READING BETWEEN THE LINES OF YUGI

ACCORDING TO YUGI VAITHIYA SINTHAMANI

சர்மந்தான் சிவப்பாக வட்டணித்துச்
சலவைபோல் வெளுக்குமே தினவுண் டாகும்
வ்ரமந்தான் ரோகமது மிகவுண்டாகும்
மயிரெல்லாஞ் சுருண்டுமே உண்டையாகும்
கர்மந்தான் பித்தசிலேட் டுமமிகுக்குங்
காயந்தான் கதித்துமே திமிருண்டாகுந்
தர்மந்தான் சடமெல்லா மூதலாகும்
தாக்கான தேத்துருக் குட்டந் தானே”
-யுகி வைத்தியசிந்தாமணி - 800

CLINICAL FEATURES

- Circumscribed erythematous skin lesion
- Pallor in the skin lesion
- Itching
- Curling of hair
- Numbness
- Generalised oedema

ACCORDING TO T.V .SAMBASIVAM PILLAI DICTIONARY:

A kind of leprosy in which the patches are of a slightly dark reddish colour like herpes.

ACCORDING TO T.V .SAMBASIVAM PILLAI DICTIONARY:

As per Yugi vaithiya sinthamani (Words from poem)	As per T.V.Sambasivam pillai dictionary (Tamil meaning)
சருமம்	தோல் -(skin) (3 rd vol - 2 nd part -pg no – 1921)
சிவப்பு	சிவந்தநிறம் - (Redness) (3 rd vol - pg no – 2051)
சலவை	வெண்மையாக்கல் - To make white (3 rd vol - pg no -1942)
வெளுத்தல்	தேகம் வெளுத்தல் - Body becoming pale (4th vol II Part - pg no – 1322)
தினவு	Causing itching sensation (4th vol Part II - pg no – 1134)
ரோகம்	நோய்- Disease (5th vol –pg no-961)
மிகுதல்	Increasing/Exceeding (5th vol -pg no – 799)
சுருண்டுதல்	சுருங்குதல் - Stricture/Contracting (4th vol Part I - pg no – 262)
கர்மம்	முற்பிறப்பில் செய்தவினை-In Philosophy action (Vol- II, pg no 1206)
காயம்	உடல்-Bodily action (Vol -II , Pg no 1370)
கதித்தல்	பருத்தல்/பெரிதாதல்- To become large/To be in excess (Vol -II , pg no 10070)
திமிர் உண்டாதல்	Getting benumbed (Vol IV Part II , pg no 1045)
சடமெல்லாம்	உடம்பை பற்றிகுறிப்பான விஷயங்கள் - Features of the human body (Vol - III pg no 1782)
ஊதல்	வீங்கல் - Features- To swell (Vol - 1 Pg no 1326)
தேத்துரு	தடிப்பு- Thickened skin (vol - IV part pg no 818)

Table: 7- Comparson of poem in tamil dictionary

Breakup symptomatology

LINES OF POEM	BREAKUP SYMPTOMATOLOGY
சர்மந்தான் சிவப்பாக வட்டணித்து	Circumscribed erythematous skin lesion
சலவைபோல் வெளுக்குமே	Palloriness in the skin lesion
தின்வுண்டாகும்	Itching
ரோகமது மிகவுண்டாகும்	Increasing disease
கதித்து திமிருண்டாகும்	Numbness
சடமெல்லா மூதலாகும்	Generalised oedema
தேத்துரு குட்டம்	Thickened skin

Table: 8- Breakup symptomatology

ANALOGY BETWEEN SAGE YUGI'S TEXT AND QUOTINGS FROM MODERN TEXT URTICARIA

<p>AS PER YUGI VATHIYA SINTHAMANI – <i>THETTHURU KUTTAM</i></p> <p>“சர்மந்தான் சிவப்பாக வட்டணித்து”</p>
<p>AS PER MODERN ASPECT– URTICARIA</p> <p>❖ Evanescent well - “Circumscribed erythematous plaques” (wheals) involving the skin or mucus membrane</p> <p>Ref: Text book of pediatric dermatology, Editor – Arun C Inamadar, A ParnaPalit, S Ragunatha 2nd edition 2014.</p> <p>❖ A vascular reaction of the skin characterized by the appearance of wheals, generally surrounded by a red halo or flare</p> <p>Ref: Essentials in dermatology, Editor-Devinder M Thappa 2nd edition 2009</p> <p>❖ Erythema results from vasodilation, and wheals are produced by fluid leaking from blood vessels into the surrounding dermis.</p> <p>Ref: pediatric dermatology ,editor-Daniel P ,Krowchuk, Anthony J, Mancini, MD,FAAP First Indian editin 2010.</p>

AS PER YUGI VAITHIYA SINTHAMANI – *THETTHURU KUTTAM*

“சலவைபோல் வெளுக்குமே தினவுண் டாகும்”

AS PER MODERN ASPECT – URTICARIA

- ❖ Is a dermal vascular reaction of the skin characterized by the appearances of itchy wheals, which are elevated (edematous), “**pale**” or erythematous, transient and evanescent plaque lesion.

Ref: Essentials in dermatology, Editor-Devinder M Thappa 2nd edition 2009.

- ❖ As a result of antigen- antibody reaction on the mast cell, degranulation of mast cells occurs. Leading to the release of histamine which causes vasodilatation.

Ref: Comprehensive dermatology and sexually transmitted disease, Editor-Ramji Gupta edition 2010.

- ❖ It manifests as a sudden appearances of “**itchy wheals**” of varying size and shapes from very small circular lesion to very large irregular areas located on any part or nearly all over the body.

Ref: Text book of dermatology, editor-Ramji Gupta 3rd edition 2011.

- ❖ The dry skin is more easily radiated. Certain bacteria such as Staphylococcus aureus are able to colonize the surface of the skin. It is thought that a protein in the wall of these bacteria may well increase itching.
- ❖ Mediated by IgE antibodies fixed on the surface of tissue mast cells and basophils. As a result of antigen- antibodies reaction on the mast cell, degranulation of mast cells occur leading to the release of histamine which causes itching.

Ref: Comprehensive dermatology and S. T .Disease, Editor-Ramji Gupta edition 2010.

AS PERYUGI VAITHIYA SINTHAMANI - *THETTHURU KUTTAM*

“காயந்தான் கதித்துமே திமிருண்டாகும்”

AS PER MODERN TEXT ABOUT URTICARIA

Urticaria is vascular reaction of the skin characterized by the appearance of wheals, generally surrounded by a red halo or flare and associated with severe itching , “**stinging or pricking sensation**”.

❖ The loss of sensation usually by damage to a nerve or receptor.

Ref: Andrews ‘diseases of the skin clinical dermatology ,Editor- Willian D James ,Timothy G Berger, Dirk M Elston 10th edition 2009.

AS PER YUGI VAITHIYA SINTHAMANI – *THETTHURU KUTTAM*

“தர்மந்தான் சடமெல்லா முதலாகும்

தாக்கான் தேத்துருக் குட்டந் தானே”

AS PER MODERN ASPECT – URTICARIA

“**Subcutaneous swelling** ”(angioedema) may accompany the wheals.

❖ Angioedema, these wheals are caused by localized edema.

Ref: Andrews, disease of the skin clinical dermatology ,Edition- Willian D james ,Timothy G Berger, Dirk M Elston 10th edition 2009.

❖ Is also a vascular reaction, which involves subcutaneous or submucosal tissues (rather than dermis in urticaria), so skin overlying the swelling is normal in color and margins of swelling are indistinct (diffuse swelling). It commonly

❖ results in asymptomatic swelling of the lips, eyelids, etc.

Ref: essentials in dermatology, editor –Devinder M Thappa, 2nd edition 2009.

❖ Urticaria refers to an area of focal dermal oedema secondary to a transient increase in capillary permeability.

Ref: Davidson’s principles and practice of medicine, Editor-Christopher Haslett Edwin R Chilvers Nicholas A. Boon Nickir. Cooledge International editor John A.A. Hunter, 19th edition 2002.

5. REVIEW OF LITERATURE- THETTHURU KUTTAM

SIDDHAASPECTS:

In Siddhasystem, skin diseases are classified under the name kuttam. Generally kuttam means group of skin diseases.

Description of kuttam by the siddhar Dhanvanthiri in his literature –Dhanvathiri Vaithiyam is given below:

குட்ட நோயின் பூர்வ ரூபம்

தோட்டுப் பார்த்தால் நகம் வைத்தால் நோலிணுர்ச்சி தெரியாதே
கேட்டுச் சரீரந் தடித்திற் கிளறுந் தினவும் வீரணமுமா
மட்டில் வியர்வை வர்ணம் வரு மாறியு வருகினு முலரும்
விட்டு விளங்கு மொரு வன்ன மேவுங் குட்டஞ் சீக்கீரமே
நிரத்த அடம்பு சரசரத்து நெருப்புப் பொதி பட்டாற் புண்ணாய்
கறுத்தே இரத்த மயிர்க் கூச்சல் காணுங் குணங்கள துவாகிற்
பொறுத்தே நெடுநானனு சரித்துப் பொங்கும் வியாதி யென்றறி
மறுத்து முரைத்தோ மஹாகுட்டம் வளமை யேழும் புவிமீதே.

Loss of sensory function eg. Touch, pricking with nail, erythema or wheal formation all over the body. Itching and ulceration also exists. Sweating may occur. And if it occurs it dries up soon. There is a change in the colour of the skin. It burns like ulcer. All the above symptoms are found under Maha kuttam.

CLASSIFICATIONS:

CLASSIFICATION BY YUGI:

முத்தாகுங் குஷ்டந்தான் பதினெட் டுக்கும்
முனியான யுகிநான் சொல்லக் கேளாய்
புத்தாகும் புண்டரீகக் குஷ்டத் தோடு
பொருகின்ற விற்போடகக் குஷ்ட மாகும்
பத்தாகும் பாமகுஷ்டம் கேசர குஷ்டம்
பரிவான கரணகுஷ்டம் சிகும குஷ்டம்
கித்தாகுங் கிருஷ்ணகுஷ்டம் அவதும்பர் குஷ்டம்
கெடியான மண்டகுஷ்ட டமுமா மென்னே.

குஷ்டமாம் பரப்பரிசு குஷ்ட மோடு
குடிமாம் விசர்ச்சிக குஷ்ட மோடு
வட்டமாம் மையாதி குஷ்ட மோடு

மருவலாங்கி டபகுஷ்டஞ் சர்ம தேவம்
திட்டமா தேத்துருக் குஷ்ட மோடு
சித்துமா குஷ்டஞ்சா காரு குஷ்டம்
துட்டமாஞ் சுவேதாஷ்டந் தன்னோ டொக்கச்
சுயம்பான பதினெட்டு குஷ்ட மாச்சே.

1. வெண்தாமரைக் குட்டம்
2. விற்போடகம் குட்டம்
3. பாமம் குட்டம்
4. கஜ சர்மம் குட்டம்
5. கரணம் குட்டம்
6. சிகுரம் குட்டம்
7. கிருட்டிணம் குட்டம்
8. அவதும்பரம் குட்டம்
9. மண்டலம் குட்டம்
10. அபரிசு குட்டம்
11. விசர்ச்சிகம் குட்டம்
12. விபாதிகம் குட்டம்
13. கிஷயம் குட்டம்
14. சர்மதலம் குட்டம்
15. தேத்துரு குட்டம்
16. சித்துமா குட்டம்
17. சதாரு குட்டம்
18. சுவேதம் குட்டம்

அனுபோக வைத்திய தேவ ரகசியம்

குட்டம் - 18 வகைகள்

வளி -

கபால குட்டம்

அழல் -

அத்திக்காய் குட்டம்

ஐயம் -

மண்டலக் குட்டம்

சொறி குட்டம்

வளி அழல் -

மரைநாக்கு குட்டம்

அழலையம் -

திமிர் குட்டம்
யானைத் தோல் குட்டம்
பன்றித் தோல் குட்டம்
புடைக் குட்டம்
கூழாங்கற் குட்டம்

ஷமுக்குற்றம் -

தடிப்பு குட்டம்
போரைக் குட்டம்
படர்தாமரை குட்டம்
எரிக்கொப்புளக் குட்டம்
சிரங்கு குட்டம்
பிளப்பு குட்டம்
காகக் குட்டம்

CLASSIFICATIONS BY DHANVANTHIRI

வாதபித்தச் சிலேற்பனத்தின் வாதரோகந் தானெனிலும்
தீதுகுட்டமெழுந் தீருங்குட்டம் பதினொன்று
மோதுங் குட்டம் பதினேட்டுடன்றேங்வையினுற்பவமும்
பேதக் குணமும் வியாதியின் முன் பிறக்குங் குணமுரைப்பேனே

சொல்லுங் குஷ்டம் எழுவகைபேர் சொல்லிங் கபாலஞ்சீர்மீகம்
வெல்லுமுதும்பாமேகிடிபம் விசர்க்கிமண்டலாக்கிரமு
மல்லல் தருமீசியகுவையாகும் பெயரோரேழாகும்
வல்லவியாதிக் குணமதனைவகுத்துப் பாரிலுரைப்பேனே

பூண்டதத் துருவினோடுசதாரிகம் புண்டரீகந்
தூண்டுவிற்போடகம் பாமாவுடனமைதலம்
கூண்டிககாகநந்திசித்துமையலச குஷ்டம்
வேண்டிய வியாதியோடும் பதினொன்றும் விரித்துக் காணே

ACCORDING TO PARARASA SEKARAM

குட்டரோக நிதானம்:

இன்பைல் வேறுத் தம்மாலோதிருங் குட்டரோகம்
அன்னதுபதினெட் டென்றேயறைந்தனராயுள்வேத
சொன்பைல் பேதமெல்லாந் தொகுத்தவையாய்ந்துசேர்
தன்னையைத் தினிஞ்சுருக்கிக் தம்ழ் முனிசாற்றிறைனே.

காற்றுவெண்குட்டமொன்றுசாராகருங் குட்டமொன்று
தோற்றுசெங்குட்டமொன்றுசெறியமுகணியுமொன்று
மாற்றிரும் விஷத்திலொன்றுவந்திருமைந்துஞ் செய்யும்
ஏற்றுமாங் குணமுமேற்றசிகிச்சையுயியம்புவோமே.

DHANVANTHIRI VAITHIYAM:

அறிவின்றிவிபரீதஞ் சேராகாரம் புசிக்கலாலும்
துறையன்றிதொடாத தொன்றை தொட்டவை புசிக்கலாலும்
குறைகொண்ட நிசித்தமாக குலமங்கை யடுக்கலாலும்

நிந்தித்துப் புறத்தியாற் சோமநிலைகெடப் பிரித்தலாலும்
வந்தித்து புருவாசென்மாந் நிரபா வத்தாலுஞ்
சந்திக்கக் கற்புமாதர் தங்களைகருதலாலும்
தொந்தித்தகுட்டரோகந் தொடுக்கமென்றுரைந்தோர் முன்னோர்.

- Scolding older people
- Illegal sexual contact
- Having good items which need to be avoided
- Taking together of food items of opposite.

AGATHIYAR KANMA KAADAM – 300:

சேர்ந்த குட்டமொடு குறைநோய்கள் வந்த
சேதிகேள் மலராக வரும்பு கொய்தல்
தாரிந்த சீவசெந்து வதைகள் செய்தல்
தாய்தந்தை மனது நொந்து ரோகந்தானே
தானென்ற தெய்வவுருவந் தழையழித்தல்
சார்வான பெரியோர்கள் தமைபழித்தல்.

PARARASA SEKARAM:

அனைவல் வினையினாலேமொய்த்தெழுந் குட்டரோகம்
மைசேர் நெறியிலுன்கம் நற்றவக் குரபைமெய்ம்மை
பன்னிடுமன்பர் தம்மையுதாசினம் பேசிகாளும்
இன்னல் செய்யாதகத்தோர்க் கெய்திடுமென்னும்
வேதமே யுரைக்கு மேலா நெறியினில் விலகி நாளும்
ஏதமே புரியுந் தியோர்க் கெய்துவ தப்பான் மேலோர்
ஓதிய நெறியினின்றே யுயிர்களுக் குறுதிசெய்யும்
ஆதவர் தம்மை யந்நோய் வருந்தநாங் கண்டிலோமே

T.V.SAMBASIVAM PILLAI DICTIONARY- 1992:

ஆயுள் வேதப்படி,-

1. அவுதும்பர குட்டம் - leprosy with lived blotches resembling the Ripe fig.
2. மண்டல குட்டம் - leprosy with elevated, black, round and spreading patches: and confluent. ulcers with leprosy germs.
3. விசர்ச்சிக குட்டம் - leprosy with black ulcers discharging morbid fluid or followed by serous exudation.
4. உருகிய சிம்மிக குட்டம் - one attended with ulcers having granulating base.
5. சரும குட்டம், யானைத் தோற் குட்டம் - a form with skin thick like elephant's skin.
6. ஏக சரும குட்டம் - one deprived of perspiration, in which patches are very large, of a dark brown colour and oblong like the scales of a fish; while the skin itself is rough like elephant's skin.
7. கிடிம குட்டம் - one followed by patches of a dark yellow – colour like the cicatrices of healed ulcers.
8. சித்துமா குட்டம் - a kind of leprosy with small, white or copper-red spots which spread over large surfaces accompanied with a thin mealy dust – Lepra vulgaris.
9. அலசக குட்டம் - a mild form in which tubercles are large, of a red colour and very itchy.
10. விபாதிதா குட்டம், கை கால் வெடிப்பு, one characterized by sores in hands, feet, and about the nails, accompanied with small fissures of a red colour.
11. தேத்துரு குட்டம், அக்கி வட்டம் - a kind of leprosy in which the patches are of a slightly dark reddish colour like herpes.
12. சதாரு குட்டம் - a form attended with phagedenic ulcers.
13. வெண்டாமரைக் குட்டம் - a variety in which the patches are pale-red in the centre, and dark and dull-red on the edges resembling the petals of the lotus.
14. விசபோட குட்டம் - கொப்புளக் குட்டம் - a form marked by boil or eruptions of a dark yellow or red colour and a skin dry and thin.
15. பாமா குட்டம் - one attended with mutilation of the extremities – Lepa multilans.
16. சருமதல குட்டம், செம்புள்ளிக் குட்டம் - a mild form of leprosy with red spots – Macular leprosy.

17. காகச குட்டம் - செம்புள்ளிகள் கருகி ஏற்படும் குட்டம் - leprosy with black red spots.
18. கபால குட்டம், மண்டைக் கரப்பான் - a form of leprosy with black and purplish patches resembling broken pieces of a black earthen vessel.

AETIOLOGY (நோய் வரும் வழி):

The aetiology for kuttam was described by various Siddhars in their literatures. The classical writing of Siddha system attributes the aetiology of the skin disease to the following:

1. Heredity
2. Stress
3. Strain
4. Insect bite and Worms

Except these no specific causes were mentioned for *thetthuru kuttam*.

THIRUMOOLAR KARUKKADAI VAITHIYAM:

வியாதியுள் மூவாறு விளங்கிய குட்டங்கேள்
சுயாதி கிரந்தி சுழன்மேகத் தாலாறும்
பயாதி மண்ணுளப் பலவண்டி னாலெட்டும்
நியாதி புழுநாலாய் நின்றதிக் குட்டமே.

- Six types caused by kirandhi and megam.
- Eight types caused by insects in the soil.
- Four types caused by worms.

Fourteen Natural Reflexes instincts

“சத்தியை யடக்கி னக்கால் தடித்திட்ட கடிக்குட் டங்கள்
மெத்தவுந் தினவு பாண்டு மேவுகண் ரோக முண்டாம்
பித்ததின் விடபாகங்கள் பெருகிடும் சுவாசம் காய்ச்சல்
பத்திய காசமாகும் பகர்ந்தவிக் குணங்க ளுண்டே”

If vomiting is suppressed, urticaria, skin rashes, other skin diseases, severe pruritus, anorexia, eye diseases, pitha diseases, fever and cough occur.

YUGI VAITHIYA CHINTHAMANI – 800: KUTTA VARALARU

விளம்பவே மிகுந்தஉஷ் ணந்தன் னாலும்
மிகுந்த தளத்தாளு மழற்சி யாலும்
வளம்பவே மந்தத்தால் வாந்தி யாலும்
மகத்தான பெண்ணோடு மருவ லாலும்
கிளம்பவே கிலேசங்கள் மிகுத லாலும்
கெடியான வர்க்கங்கள் டைத லாலும்
தளம்பவே மயிருகற்கள் தவிடு மண்கள்
சாதத்திற் பருக லால் மிகுக்கும குட்டம்.

குஷ்டந்தான் பதினெட்டு வரவே தென்னிற்
குருநிந்தை சிவநிந்தை மறையோர் நிந்தை
திட்டந்தான் தேவதையைத் தூஷணைக்கு ரோதம்
செப்பலாற் றிருடலாற் பரதா ரத்தை
அட்டந்தா னாசையால டைக்க லத்தை
அபகரித்த லகதிபர தேசி தன்னை
விட்டந்தான் வைதலாற் கற்ப ழித்தல்
வந்திடுமே பதினெட்டுக் குஷ்டந் தானே.

Excessive heat and cold, laziness, excessive sleep with day unbridled sexual indulgence, robbery etc. These habits are supposed to be factors, which lower the immune mechanism of the body and make it liable for the disease.

Increased consumption of hardly digested or unbalanced food vomiting, frequent intake of food mixed with grit and hair. Prolonged mental depression, intention to spoil chaste women, repressing guilt, indecent blasphemous words against God, and noble people with high religious attitudes, orphans and beggars used to cursing the elders. These are the causative factors mentioned in the above stanzas by Yugi.

GURU NAADI NOOL:

1. பயில் மொழியீர் திரேகத்தில் கிருமிதானே
பரந்துதிரிகுட்டம்போல் புள்ளிகாணும்
மயலதுவும் கிருமியுந்தாநடந்துபுக்கில்
மேனியதுசரசரெனவெடித்துப் புண்ணாம
2. “புழுக்கடிப் போல் காணுமதுகிருமியாலே
3. திரேக மதில் சொறிக்குட்டம் கிருமியாலே
4. குட்டமுடன் திரேகமெல்லாம் பறக்கும்போது
குழிகுழியாய் கிருமியினாற் கெள்ளும் புள்ளி

“குட்டமதுவிடகரப்பான் விடநீர் சூலை
கரோணிதத்தால் தாதுகெட்டுத் தடிப்புண் டாகும்
மட்டறமேகிருமிசென்றுமருவும் போது
வகையாய்க் கிருமியுடவிடநீர் சென்று
குட்டமுடன் தேகமெல்லாம் பறக்கும் போது
குழிகுழியாய்க் கிருமியினீர்க் கொள்ளும் புள்ளி
தட்டறவேகிருமியுடநீரால்வந்த
சகலகுட்டம் விடகரப்பான் சாற்றலாமே”.

கிருமியால் வந்ததோடம் பெருக வுண்டு
கேட்கவதின் பிரிவதனைக் கிரமமாக
பொருமிவரும் வாயுவெல்லாம் கிருமியாலே
புழுக்கடிபோல் காணுமது கிருமியாலே
செருமிவரும் பவுத்திரங்கள் கிருமியாலே
தேகமதில் சோகைக் குட்டங் கிருமியாலே
துருமிவருஞ் சுரோணிதங் கிருமியாலே
சூட்சமுடன் கிரிசைப்பால் தொழில்செய் வீரே”

“மட்டறவேகிருமிசென்றுமருவும் போது
வகையதாய்க் கிருமியுடைவிஷநீர் சென்று
குட்டமுடன் திரேகமெலாம் பரவும் போது
குழிகுழியாய்க் கிருமியினிற் கொள்ளும் புள்ளி
தட்டறவேகிருமியுடைநீரால் வந்த
சகலகுட்டம் விஷகரப்பான் சாற்றலாமே”

From the above verse we learn that many diseases are caused by the germs only, such as gastritis, pruritus, urticaria, leucoderma and other dermatological problems. While explaining the types of food, it is stated that a quarter of the food consumed is utilized by the parasites. No one will agree that harmful germs should be given food and grown. Therefore it can be deduced that these symbiotic germs do not produce ill effects.

YUGI SINTHAMANI

சர்மந்தான் சிவப்பாக வட்டணித்துச்
சலவைபோல் வெளுக்குமே தினவுண் டாகும்
வர்மந்தான் ரோகமது மிகவுண்டாகும்
மயிரெல்லாஞ் சுருண்டுமே உண்டையாகும்

கர்மந்தான் பித்தசிலேட் டுமமிகுக்குங்
காயந்தான் கதித்துமே திமிருண்டாகுந்
தர்மந்தான் சடமெல்லா முதலாகும்
தாக்கான தேத்துருக் குட்டந் தானே ”

-யுகி வைத்திய சிந்தாமணி - 800

ACCORDING TO SAGE YUGI,

Thetthuru kuttam is characterized by circumscribed erythematous skin lesion, palloriness in the skin lesion, itching, curling of hair, numbness and generalized oedema.

PATHOLOGY (குட்ட ரோகம் சம்பவிக்கும் விதம்)

DHANVANTHIRI:

முன்னியே வாதவித்தச் சிலேத்மன மூன்று மங்கம்
பின்னியே தறுக்காயுள்ள நரம்பின்று பிரவேசித்து
மன்னிய இரத்தம் தண்ணீர் மாங்கிவுந் தோல் கெடுத்தே
மன்னிய வன்னங் காணு மாகையாற் குட்டமாமே

வாதம், பித்தம், கபம் இன்மூன்றும் கோன்றை வைத்து நரம்பில் சேர்ந்து இரத்தம், தண்ணீர், மாமிசம், தோல் முதலானமைவகளை கெடுத்து வர்ண மாறுபாடுகளை உண்டாக்கும்.

AETIOLOGY

Contact with infectious persons including sexual contact, using clothes and their things belonging to infectious persons, eating more rotten or decomposed fish, snail, crab and other sea foods. Practicing Yoga immediately after eating, sins and deeds in previous birth are all the reasons for the skin diseases. Excessive heat, excessive cold, some inflammatory condition, indigestion, vomiting, sexual intercourse, sorrows, hypersomnia, eating contaminated food (with hair and soil) are also said as the causes for skin diseases in Yuhi-800. According to Thirumoolar, the skin diseases are caused by sexual transmitted diseases (STD) and taking contaminated food.

CLASSIFICATION ACCORDING TO THE AETIOLOGY

According to Thirumoolar, six diseases are sexual transmitted diseases (Syphilis and gonorrhoea). Eight diseases are caused by bees or moth like insects which are living in water and soil. Four diseases are caused by worms and by other micro organisms. The skin diseases also caused by micro organisms. This evidence is widely seen in so many literatures. This reference is strengthened by the following “Stanza” of ‘Gurunadi’.

DIFFERENCE IN ‘KUTTRAM” (HUMOURS)

Though the seven tissue humours of the body get weakened or not, the ‘pitha’ (Bile) is increased due to taking ‘Pitha’ substances and reaches the ‘Samana’ pitha, i.e. pitha vatha, pitha kabham and mukkutram and these may act individually and combined affecting and blood and ‘Rasa’ tissue humour. The ‘Vatha’ is also increased and blocks the ‘pitha, kabhas’ to go in their ways. So the stangnated pitha and kabam, in combined state, affect the blood kabam, excretion and secretions function and cause “Kutta rogam” (Kuttam).

In Vatha, Pitha and Kabam skin diseases, the Kutta Noi caused by vatha features as black coloured or bright red coloured with more painful. The ‘Pitha’ skin disease features are pins and needles all over the body, tingling sensation, haematuria and pyuia (pus stained urine). If the skin disease is caused by ‘Kabam’ the skin will appear as thickend, shiny and soft nature. But these features are accompanied with itching and pruritis. Some skin diseases (Kutta noi) appear as mixed nature of any two of the vatha, pitha and kabam types. These are called as “Thontham”.

Some diseases (Kutta noi) show all the features of vatha, pitha and kabam, since they are caused by three kutram (humours). If the (lesion) ‘Kutram’ presentonly in skin, the features will be colour changes, pins and needles, tingling sensation, numbess, skin thickening and hyper perspirations. Pus comes out with pruritis if the ‘kuttam’ extends up to ‘blood’ tissue humour. If the kuttam enters the (muscles) flesh tissue humour, dryness, throbbing pain and non-reducible tumours will be seen. If the ‘Kuttam’ extends to the ‘fat’ tissue, upper and lower limbs paralysis, narrow and short stature, severe pain and skin ulcers will be appeared.

தேரையர்:

“வாதமலாது மேனி கெடாது”

எனத் தேரையர் கூறியதால் உணவாதிச் செயல்களால் வளிக்குற்றம் கேடடைந்து இரசம்,குருதி இவ்விரண்டு உடற்றாதுக்களைக் கெடுத்தமேனியின் நிறத்தையும் கெடுத்து. பிறகுமற்ற உடற்றாதுக்களையும் முறையேகெடச் செய்து இந்நோயை வருவிக்கும். வளிக்குற்றக் கெடுதலோடு அழல். ஐயம்.இவ்விரண்டு குற்றங்களும் நாளடைவில் கேடடைந்து நோயை வன்மைபெறச் செய்யும். இதன் காரணமாக நோயிலுண்டாம் புண் எளிதில் உலராது. செந்நீரும். சீழும் அதிகம் வெளியாகும். கோழைகட்டும். உடல் வெளுந்து வன்மை குறையும். மயக்க முண்டாகும். வீங்கும், இத்தியாதிகுறிகுணங்களைக் காட்டும்

அன்றியும் முக்குற்றங்களின் கேட்டால் உடற்றாதுக்கள் ஏழும் ஒன்றன் பின் ஒன்றாய்க் கேடடைந்து கொண்டேவரும். அதாவது இரசத்துகேட்டைவதால் தோல் வறளும். நிறம் மாறுபாடாகும். குருதியின் கேட்டால் உடல் வியர்க்கும். உடல் ஊதும். ஊன் கேட்டால் கொப்புளம். புண்,சிலைநீர் வடிதல் என்னும் குறிகுணங்களையும். கொழுப்பின் கேட்டால் உடல். கனத்தல். நாற்றமடித்தல். உடல் வெடித்துக் புண்ணாதல், கை கால்களை அசைக்க முடியாமை ஆகிய குறிகுணங்களையும். என்பு, மூளை இவற்றின் கேட்டால் மூக்கு, கை,கால் விரல்களைக் குட்டையாக்கச் செய்வதும்,தவளம் என்னும் விந்துவைச் சாடின கரு உற்பத்தியில் இந்நோய் தொடரும் எனவும் அறியவும்.

சீவரட்சாமிர்தம்:

உடலின் ஏழு தாதுக்களும் மெலிவடைந்தாலும் மெலிவடையாவிட்டாலும் பித்தப் பொருட்களின் உணவாதி சேர்க்கையால் அதிகரித்து பித்தமானது சமானத்தை அடைந்து. பித்த, பித்தவாதம், பித்தகபம், முக்குற்றம். இவைகளில் தனித்தனியும் கூட்டுறவுமாகிய சம்பந்தங்களைக் கொண்டு இரத்த, இரச தாதுக்களைக் கொதிக்க செய்து. அச்சமான வாயு பிரகோபித்து பித்த கபங்களை ஆங்காங்கு கூடி அவ்வாமத்தை விருத்திக்கச் செய்து கூஷ்ணிக்கச் செய்தும் இரத்த கப, மல சல கெடுதிகளைக் கொண்டும் குட்டரோகம் வருகின்றது.

CURABLE-NON CURABLE TYPES OF KUTTAM:

CLASSIFICATION OF YUGI:

குஷ்டந்தான் பதினெட்டில் சாத்தி யந்தான்
கூறக்கேள் விற்போக பரமற் குஷ்டம்
குஷ்டந்தான் கசசர்ம குஷ்ட மோடு
கிருஷ்ண குஷ்டம் வுதும்பர் குஷ்டந் தானும்
திட்டமாந் தேத்திருக் குஷ்ட மோடு
செயசித்து மாகுஷ்டங் கிடிப குஷ்டம்
தட்டந்தான் மிகுந்தசா தாரு குஷ்டம்
சமகிருஷ்ண குஷ்டமசாத் தியமா மென்னே.
ஆமென்ற பத்துந்தான் சாத்ய மாகும்
ஆசாத்யமது தானெட்டு அறிந்து பாரு
போமென்ற பூர்வத்தின் கன்மத் தாலும்
புவிதனக்கும் மிகுகன்மஞ் செய்த பாவம்
பாமென்ற பெரியோர்கள் சாபத்தாலும்
பாதகங்கள் மனதறியப் பண்ணும் பேர்க்கும்
கோமென்ற குஷ்டமாம் ரோகம் வந்து
கூடுமென்ற யுகிமுனி கூறி னேனே.

CURABLE

1. Virpodagam
2. Bamam
3. Kajasarmum
4. Kirutinum
5. Audhuvumbaram
6. Kideebum
7. Sarmathalam
8. Thetthuru
9. Sitthuma
10. Satharu

INCURABLE

1. Venthamarai kuttam
2. Karanam
3. Siguram
4. Mandalam
5. Visarcchigam
6. Vibathigam
7. Suvetham
8. Abarisam

6. PATHOGENESIS OF THETTHURU KUTTAM

YUGI VAITHIYA SINTHAMANI

சர்மந்தான் சிவப்பாக வட்டணித்துச்
சலவைபோல் வெளுக்குமே தினவுண் டாகும்
வர்மந்தான் ரோகமது மிகவுண்டாகும்
மயிரெல்லாஞ் சுருண்டுமே உண்டையாகும்
கர்மந்தான் பித்தசிலேட் டுமமிகுக்குங்
காயந்தான் கதித்துமே திமிருண்டாகுந்
தர்மந்தான் சடமெல்லா மூதலாகும்
தாக்கான தேத்துருக் குட்டந் தானே”

-யுகி வைத்திய சிந்தாமணி - 800

ACCORDING TO SAGE YUGI,

Thetthuru kuttam is characterized by circumscribed erythematous skin lesion, palloriness in the skin lesion, itching, curling of hair, numbness and generalized oedema.

PATHOGENESIS OF *THETTHURU KUTTAM*

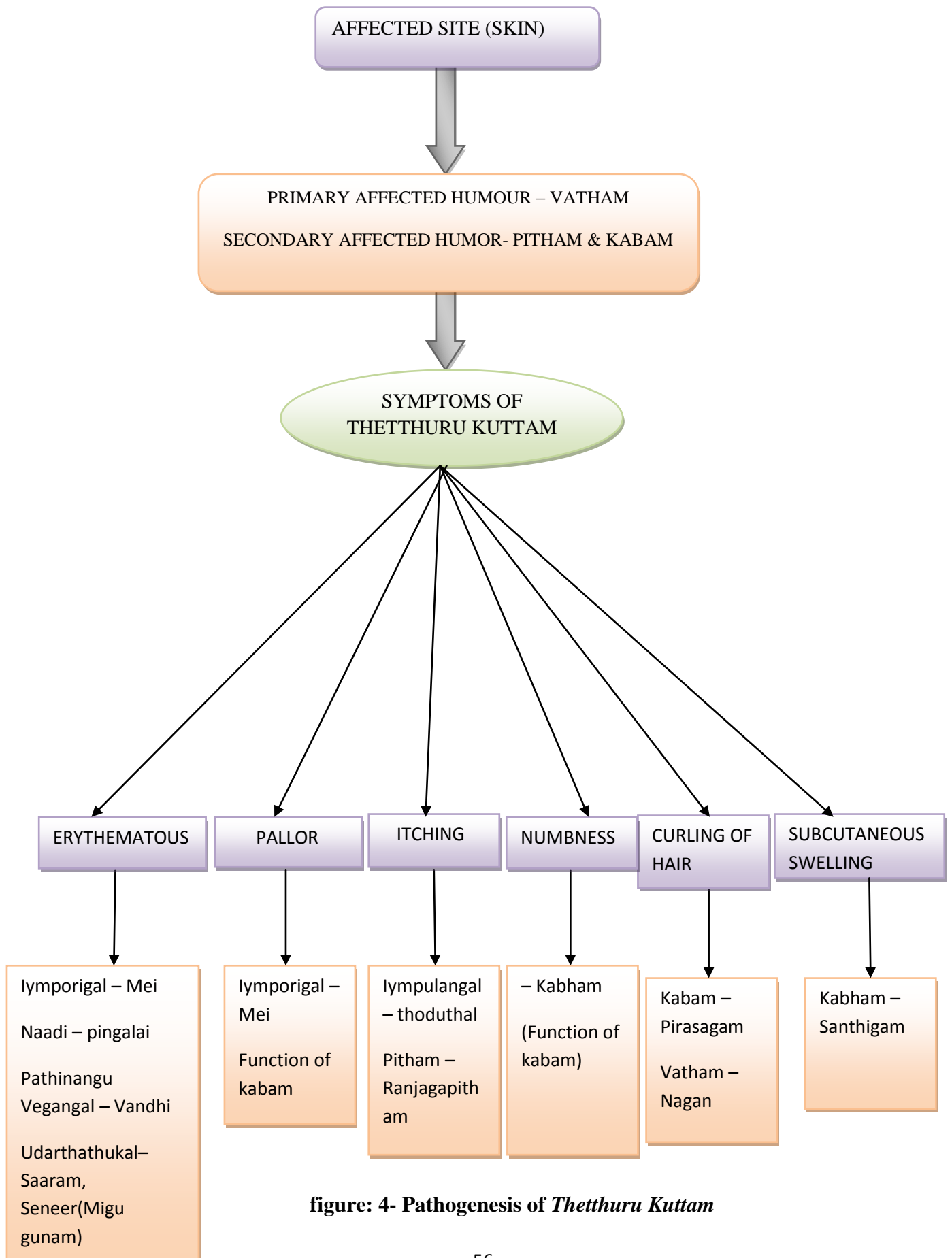


figure: 4- Pathogenesis of *Thetthuru Kuttam*

The basic constitution of the body is made up of 96 Thathuvams. Due to diet and other activities, 96 Thathuvams get deranged and result in diseases, either pertaining to body or mind.

DERANGED 96 THATHUVAS ARE AS FOLLOWS

IYMBOTHAMS (FIVE ELEMENTS)

THEE - Thee is the constituent of pitha humour when affected produce erythematous lesion. In *Thetthuru kuttam*, kuttam is affected in the place of vatham. (i.e) skin is the place of vatham in which deranged pitham causes illness.

IYMPORIGAL (PENTA SENSORS)

- Mei – It is the constituent of pitham humour, when affected produce Erythematous skin lesion & itching all over the body.
- Kan – It is the constituent of pitha humour, when affected produce burning sensation of eye.

IYMPULANGAL (FUNCTIONS OF PENTA SENSORS)

- Thoduthal (Touch) – Numbness

ANDHAKARANAM (STATIONS OF SOUL)

- Manam – Depression due to illness.

NAADI (DIFFERENTIAL PULSE PERCEPTION)

- Pingalai – It combines with pitha humour produces erythematous skin lesion, generalized oedematous and numbness.

AADHARAM (STATIONS OF SOUL)

- Manipooragam- subcutaneous swelling
- Anakatham – Erythematous skin lesion and itching.

MANDALAM

- Thee mandalam – Erythematous skin lesion and itching

PATHINAANGU VEGANGAL (NATURAL URGES/ REFLEXES)

- Vandhi – It is the constituents of pitha humour, when it is controlled produces edematous and itching.

AASAYAM

- Amarvaasayam – It is affected due to pitha humour.

DERANGED UYIR THATHUKKAL (HUMORAL OR TRIDOSHA PATHOLOGY)

- Panchaboothams manifests in the body as three vital forces, Vatham, Pitham and Kapham

DERANGED VATHAM OR VAYU

- In *Thetthuru kuttam*, primary affected vayukkal are Samanan, Viyanan, and Devadathan

Types of vatham	Derangements
Samanan	It is the vatham, which responsible for normal function of other vatham
Viyanan	It is affected because unable to do regular activities.
Devadathan	It is the vatham responsible for lethargy

Table: 9 - Derangement of vatham in *Thetthuru kuttam*

DERANGED PITHAM

Types of Pitham	Derangements
Ranjagapitham	It is affected ;Erythematous skin lesion and palloriness
Saathgapitham	It is affected ,Difficulty to concentrate in work due to illness
Pirasagam	It is affected , Erythematous lesion in skin

Table: 10- Derangement of Pitham in *Thetthuru kuttam*

DERANGED KABAM

Types of kabam	Derangements
Tharpagam	It is affected Burning sensation of eye
Santhigam	It is affected ,Generalised oedema

Table: 11- Derangement of kabam in *Thetthuru kuttam*

DERANGED UYIR THATHUKKAL

- Saaram (migu gunam) –Udalthee
- Senneer (migugunam) – Erythematous skin lesion

KOSA (BODY SYSTEMS)

- **Annamayakosam** – affected- Annamayakosam is affected because, of 7 udalthathukkal forming this kosam are affected
- **Manomayakosam** – Affected- It is affected because, patient feels sorrow about the illness
- **Vignanamayakosam** – Affected- It is affected because, Gnanenthiriyam forming this kosam are affected.
- **Aanandhamayakosam** – Affected- It is affected because, patient feels unhappy due to the illness.

According to various literatures in siddha system the deranged pitham produces many symptoms such as erythematous skin lesion, palloriness, oedema, Burning sensation and itching etc., deranged kabam produced symptoms as numbness.

Humours affected affected	Udal thathukkal	Clinical presentation
<ul style="list-style-type: none"> • VATHAM Samann Viyanan Devathatthan • PITHAM Ranjagaptham Saathagapitham Prasaka pitham • KABAM Avalanbagam 	<p>SAARAM Ery thematous skin lesion</p> <p>SENNEER Erythematous skin lesion, and itching. (Migugunam)</p>	<ul style="list-style-type: none"> ▪ Circumscribed erythematous skin lesion ▪ Palloriness of the skin lesion ▪ Itching ▪ Curling of hair ▪ Numbness ▪ Generalised oedema

Table: 12- affected humour, udal thathukkal and clinical presentation of
Thetthuru kuttam

7. DIFFERENTIAL DIAGNOSIS

விற்போடககுட்டம்

புதுமையாய்ச் சரீரமெங்குந் தினவுண்டாகும்
பொருவெடியாய்த் திக்கெனத்தீக் கொழுந்துபோலத்
மெதுமையாய் விட்டெரியும் நல்லபாம்பின்
விஷப்படம்போலேதடித்துவெளுப்புமாகும்
சுதுமையாய் மிகச் சொரியுஞ் சிவப்புமாகும்
தூக்கமொடுசஞ்சலமும் மிகவுண் டாகும்
கதுமையாய் தோலெல்லாந் தடிப்புண் டாகும்
கனத்தவிற் போடகந்தான் குட்டந் தானே

-யுகிவைத்திய சிந்தாமணி

SIMILARITIES

DISCUSSION OF DIFFERENTIAL DIAGNOSIS BETWEEN THETTHURU KUTTAM AND VIRBOTAGA KUTTAM

THETTHURU KUTTAM	VIRBOTAGA KUTTAM
“சர்மந்தான் சிவப்பாக வட்டணித்துச்” Circumscribed erythematous skin lesion	“சுதுமையாய் மிகச் சொரியுஞ் சிவப்புமாகும்” Erythematous skin lesion
“சலவைபோல் வெளுக்குமே தினவுண்டாகும்” Itching	“புதுமையாய்ச் சரீரமெங்குந் தினவுண்டாகும்” Itching
“சலவைபோல் வெளுக்குமே தினவுண்டாகும்” Paleness of the skin	“விஷப்படம்போலேதடித்து வெளுப்புமாகும்” Paleness of the skin

DISIMILARITIES

THETTHURU KUTTAM	VIRBOTAGA KUTTAM
“காயந்தான் கதித்துமே திமிருண்டாகும்” Numbness	“கதுமையாய் தோலெல்லாந் தடிப்புண்டாகும்” Hyperkeratinisation of skin

Erythematous skin lesion, itching and pallor are the common symptoms seen in both Theththuru kuttam and virbotaga kuttam. The dissimilarities given above are the symptoms seen in Theththuru kuttam which are not presented in virbotaga kuttam. Thus, Theththuru kuttam is differentially diagnosed from virbotaga kuttam.

கசசர்மகுட்டம்

தானாகச் சடந்தானுமிகக்கறுப்பாம்
சடமெங்குத் தோலுரியுஞ் சிவப்புமாகும்
வேனாகவெறவெறனத் தானிழுக்கம்
வெடிக்குமேசொறிச்சலாய்த் தினவுண் டாகும்
கானாகச் சர்மகுட்டமிதிலுண் டாகும்
கடினமாய்க் கால் விரல்கள் கனப்புண் டாகும்
கூனாகத் தேகமெங்கும் வலியெடுக்கும்
குறியானகசசர்மகுட்டந் தானே
-யுகிவைத்திய சிந்தாமணி

DISCUSSION OF DIFFERENTIAL DIAGNOSIS BETWEEN THETTHURU KUTTAM AND KAJA SARMA KUTTAM

SIMILARITIES

THETTHURU KUTTAM	KAJA SARMA KUTTAM
“சர்மந்தான் சிவப்பாக வட்ட ணித்துச்” Circumscribed erythematous skin lesion	“சடமெங்குத் தோலுரியுஞ் சிவப்புமாகும்” Erythematous skin lesion
“சலவைபோல் வெளுக்குமேதினவுண் டாகும்” Itching	“வெடிக்குமேசொறிச்சலாய்த் தினவுண் டாகும்” Itching
“தர்மந்தான் சடமெல்லா மூதலாகும்” Generalised oedema	“கடினமாய்க் கால் விரல்கள் கனப்புண் டாகும்” Swelling of toes

DISIMILARITIES

THETTHURU KUTTAM	KAJA SARMA KUTTAM
“மயிரெல்லாஞ் சுருண்டுமே உண்டையாகும்” Curling of hair	“வேனாக வெறவெறனத் தானி முக்கம்” Dryness of skin

Erythematous skin lesion, itching and generalized oedematous are the common symptom seen in both Thetthuru kuttam and Kajasarma kuttam. The dissimilarities given above are the symptoms seen in thetturu kuttam which are not presented in Kajasarma kuttam. Thus, Thetthuru kuttam is differentially diagnosed from Kajasarma kuttam.

விசர்ச்சிகுட்டம்

பரிசமாய் வாதபித்தத் துற்ப வித்து
பரிந்துதொட்டரலெண்ணெய் தனைவெளுப்புமாகும்
விரிசமாய்த் தினவெரிப்புவேதனையுமாகும்
மிகச் சிவப்புத் தாண்டிப்புத் தோலுறப்பு
மரிசமாய் காலெரிப்புஞ் சலிப்புமாகும்
மகத்தானவெட்கிப்புவயிற்றிசிப்பு
துரிசமாய் கோபிப்புச் சுரசுரப்பு
சுறுசுறுப்புவிசர்ச்சிகக் குட்டமாமே
-பூகிவைத்தியசிந்தாமணி

DISCUSSION OF DIFFERENTIAL DIAGNOSIS BETWEEN THETTHURU KUTTAM AND VISARCHIKA KUTTAM

SIMILARITIES

THETTHURU KUTTAM	VISARCHIKA KUTTAM
“சர்மந்தான் சிவப்பாக வட்ட ணிததுச்” Circumscribed erythematous skin lesion	” மிகச் சிவப்புத் தாண்டிப்புத் தோலுறப்பு” Erythematous skin lesion
“சலவைபோல் வெளுக்குமே தினவுண் டாகும்” Paleness of the skin	“பரிந்து தொட்டரலெண்ணெய் தனைவெளுக்குமாகும்” Paleness of the skin
“சலவைபோல் வெளுக்குமே தினவுண் டாகும்” Itching	“விரிசமாய்த் தினவெரிப்புவேதனையுமாகும்” Itching

DISIMILARITIES

THETTHURU KUTTAM	VISARCHIKA KUTTAM
“தர்மந்தான் சடமெல்லா முதலாகும்” Generalised oedema	“மரிசமாய் காலெரிப்புஞ் சலிப்புமாகும்” Burning of Feet

Erythematous skin lesion, Palloriness and Itching, are the common symptom seen in both Thetthuru kuttam and Visarchika kuttam. The dissimilarities given above are the symptoms seen in Thetthuru kuttam which are not presented in Visarchika kuttam. Thus, Thetthuru kuttam is differentially diagnosed from Visarchika kuttam.

SKIN ANATOMY

The human skin is the outer covering of the body and is continuous with the mucous membranes in the region of the mouth, nose, urogenital organs and the anus. In an adult the skin surface measures 1.5 to 2 m² while the thickness of the skin varies from fractions of a millimeter to 4 mm.

The thickness of the epidermis varies from 0.06-0.9 mm to 0.5 - 0.6 mm. The thickness of the subcutaneous fat varies considerably. Some area is devoid of fat while in others (on the abdomen and gluteal regions). It is several centimeters thick.

The mass of skin in an adult accounts for approximately 5% while together with the subcutaneous fat for about 10 to 17.7% of the total body mass.

The colour of the skin may change because the amount of the pigment in it varies under the effects of external and internal factors.

The skin surface is covered with hair over a great area. The areas devoid of hairs are the lips, the palms and soles, the palmar surface of the hand and the plantar surface of the toes, the glans penis, the inner surface of the prepuce and the inner surface of the labia majorum and minorum.

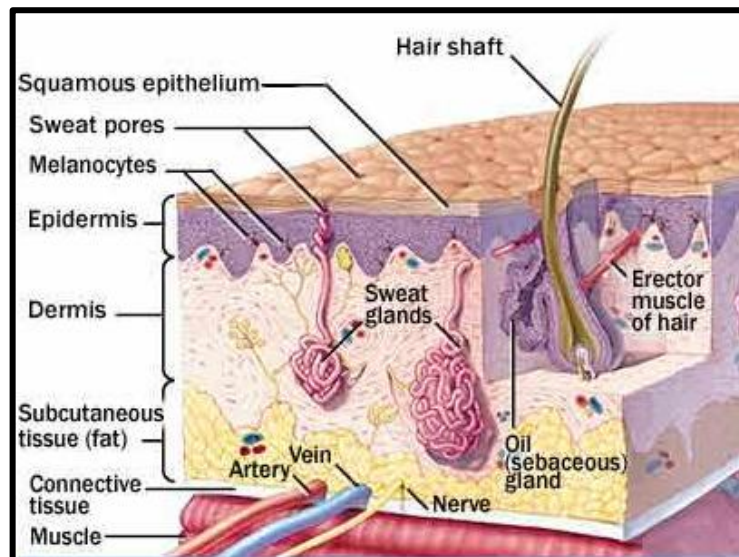


Fig: 5- Skin anatomy

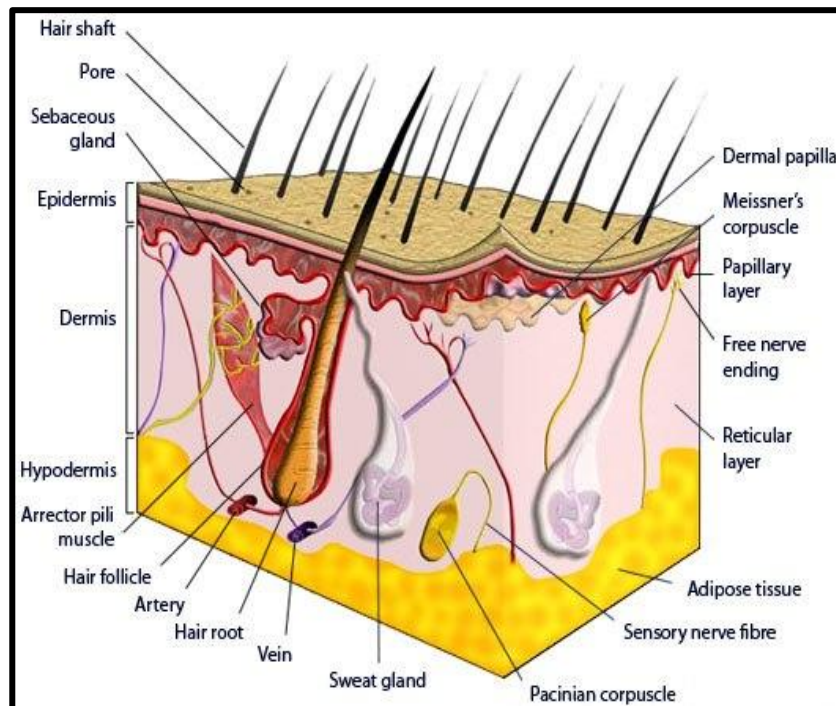


Fig: 6- Skin anatomy

FACTS ABOUT THE SKIN:

The skin and external membranes separate the human organism from the environment and accomplish a variety of functions. Normal functioning of the skin its appendages of high significance for the organism activity as a whole and has a live influence on its general condition. The skin not only responds by its adptative reactions to the different effects of the external (exogenic) environmental factors, but is also very sensitive to changes in the various body organs and systems and is often the first to signal the development of a pathological condition by different changes in its function. Consequently though the skin is an independent organ, it at the same time is in a constant dynamic connection with the external environment and with all the organs systems of an adult and child. The skin communicates with the organism by 'Means of the nervous system, circulation and endocrine glands. The skin takes an active part in protein, carbohydrate, fat, water mineral and vitamin metabolism.

DEVELOPMENT

- The epidermis and its appendages are developed from the ectoderm, about the fifth week of foetal development.
- The corneum or true skin is of mesodermal origin.

- The subcutaneous fat appears about the fourth month and the papillae of the true skin about the sixth month.
- A considerable desquamation of epidermis mixed with sebaceous secretion, constitutes the vernix caseosa by which the skin is smeared during the last three months of foetal life.
- The nails are formed at the third month and begin to project from the epidermis about the sixth month.
- Above the fifth month, the foetal hairs appear first on the head and then on the other parts. They drop after and giving place to the permanent hair.
- The cellular structures of the sudoriferous and sebaceous glands are formed from the ectoderm whereas the connective tissue and blood vessels are derived from the mesoderm.
- All the sweat glands are being to develop as early as the fourth month.

Histology:

- The skin develops from two germinative zones. The ectoderm which is represented by the epidermis (the most superficial skin layer) and the mesoderm (the middle embryonal layer) represented by two layers namely the true skin, or dermis (the middle layer) and the subcutaneous fat or hypoderm the deepest skin layer. The boundary between the epidermis and dermis and dermis forms a wavy line because of the presence of skin papillae (special out growth on the surface of the true skin). The spaces between which are filled with epithelial processes.
- The skin is divided into 3 divisions: Epidermis, Dermis and Hypodermis

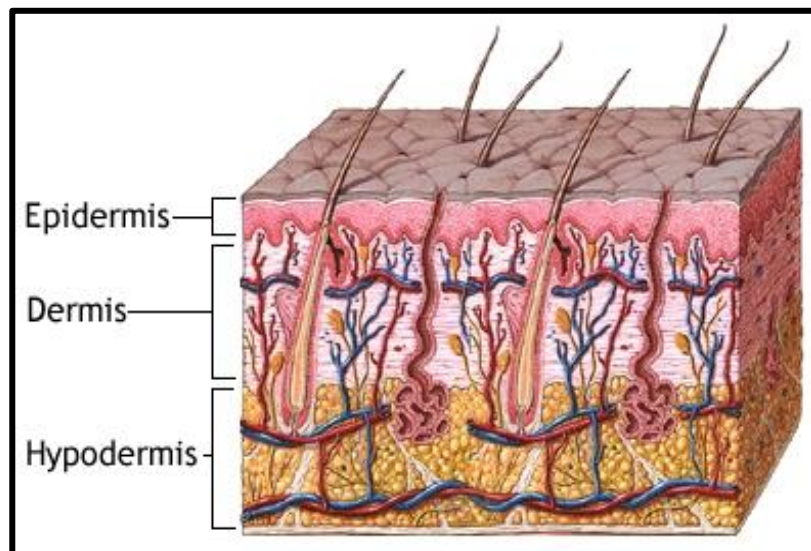


Fig: 7- Divisions of Skin

EPIDERMIS

The epidermis of the skin is formed by stratified epithelium, which consists of 5 layers:

1. Stratum corneum
2. Stratum lucidum
3. Stratum granulosum
4. Stratum spinosum
5. Stratum germinativum

SPECIALIZED EPIDERMAL CELLS:

There are three types of specialized cells in the epidermis

1. The melanocyte produces pigment (melanin)
2. The Langerhan's cells is the frontline defense of the immune system in the skin
3. The Merke's cell's function is not clearly known.

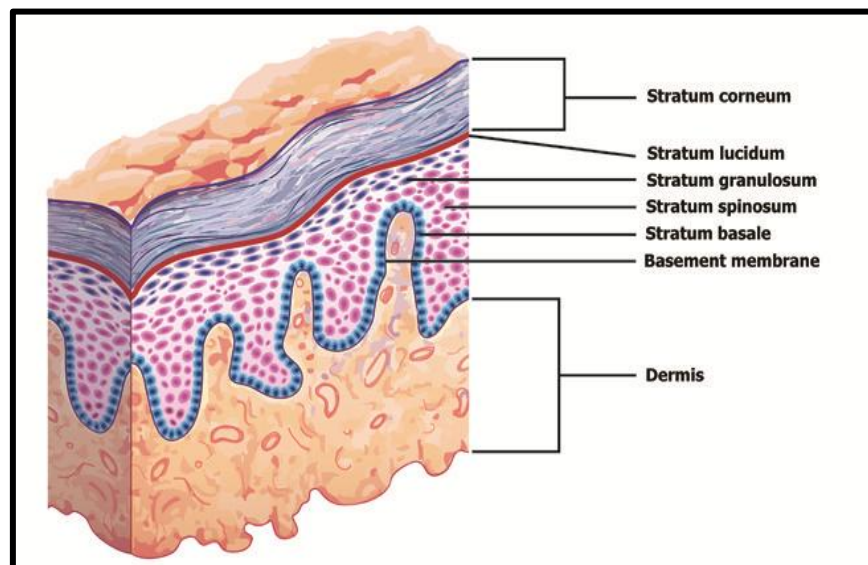


Fig: 8- Layers of the Epidermis

1. STRATUM CORNEUM

It is also known as horny layer. It is the outer most layer and consists of dead cells, which are called corneocytes. These cells lose their nucleus due to pressure and become dead cells. The cytoplasm is flattened with fibrous protein known as keratin. Apart from this, these cells also contain phospholipids and glycogen.

2. STRATUM LUCIDUM

It is made up of flattened epithelial cells. Many cells have degenerated nucleus and, in some cells, the nucleus is absent. As these cells exhibit shiny character, the layer looks like a homogenous translucent zone. So, this layer is called stratum lucidum.

3. STRATUM GRANULOSUM

It is a thin layer with 2 to 5 rows of flattened rhomboid cells. The cytoplasm contains granules of a protein called keratohyaline. The keratohyaline is the precursor of keratin.

4. STRATUM SPINOSUM

Stratum spinosum is also known as prickly cell layer because the cells of this layer possess some spine like protoplasmic projections. By these projections, the cells are connected to one another.

5. STRATUM GERMINATIVUM

It is thick layer made up of polygonal cells superficially and columnar or cuboidal epithelial cells in the deeper parts. Here, new cells are constantly formed by mitotic division. The newly formed cells move continuously towards the stratum corneum. The stem cells, which give rise to new cells, are known as keratinocytes.

Another type of cells called melanocytes are scattered between the keratinocytes. The melanocytes produce the pigment called melanin. The color of the skin depends upon melanin.

From this layer, some projections called dermal ridges extend down up to dermis. These projections provide anchoring and nutritional function.

DERMIS

Dermis of the skin is a connective tissue layer made up of dense and stout collagen fibers, fibroblasts and histiocytes. The collagen fibers exhibit elastic property and are capable of storing or holding water. The collagen fibers contain the enzyme collagenase, which is responsible for wound healing. Dermis is made up of 2 layers:

1. Superficial papillary layer
2. Deeper reticular layer.

1. SUPERFICIAL PAPILLARY LAYER

This layer projects into the epidermis. It contains blood vessels, lymphatics and, nerve fibers. This layer also has some pigment containing cells known as chromatophores.

Dermal papillae are fingerlike projections arising from the superficial papillary dermis. Each papilla contains a plexus of capillaries and lymphatics which are oriented perpendicular to the skin surface. The papillae are surrounded by rete ridges extending from the epidermis.

2. RETICULAR LAYER

Reticular layer is made up of reticular and elastic fibers. These fibers are found around the hair bulbs, sweat glands and sebaceous glands. The reticular layer also contains mast cells, nerve endings, lymphatics, epidermal appendages and fibroblasts.

Immediately below the dermis, subcutaneous tissue is present. It is a loose connective tissue, which connects the skin with the internal structures of the body. It serves as an insulator to protect the body from excessive heat and cold of the environment. Lot of smooth muscles called arrector pili are also found in skin around the hair follicles.

The hair follicles with hairs, nails, sweat glands and sebaceous glands and even the mammary glands are considered as appendages of the skin.

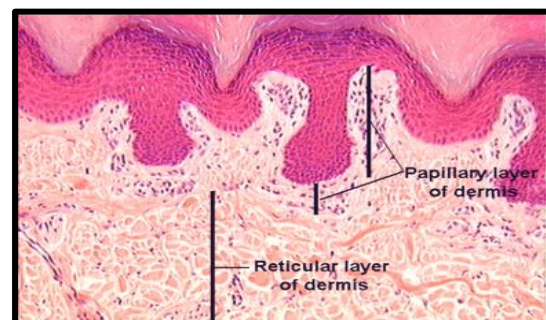
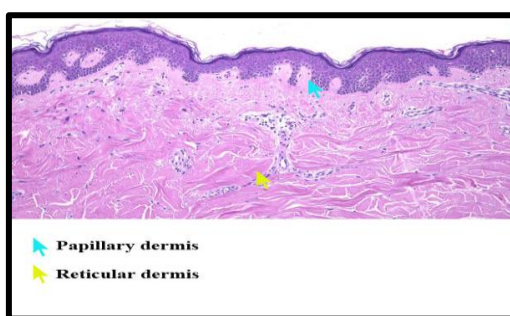


Fig: 9- Vascular system of skin**Fig: 10- Vascular system of skin**

Vascular system of the skin is formed of several networks of blood vessels. A deep arterial plexus of skin forms, which gives rise to branches supplying the holes of the sweat glands, the hair follicles and the fat lobules. The epidermis is devoid of blood vessels.

Lymphatic system of the skin:

The lymphatic system of the skin forms a superficial and deep network. The superficial lymphatic network arises on the papillary layer as blind rounded dilated capillaries between which there are numerous anastomosis. The second network of lymph vessels is in the lower part of the dermis.

SKIN PHYSIOLOGY

The skin and external membranes separate the human organism from the environment and accomplish a variety of functions. Normal functioning of the skin and its appendages of high significance for the organism activity as a whole and has a positive influence on its general condition.

The skin not only responds by its adaptive reactions to the different effects of the external (exogenic) environmental factors, but is also very sensitive to changes in the various body organs and systems and is often the first to signal the development of a pathological condition by different changes in its function. Consequently though the skin is an independent organ, it at the same time is in a constant dynamic connection with the external environment and with all the organs and systems of an adult and child. The skin communicates with the organism by means of the nervous system, circulation and endocrine glands. The skin takes an active part in protein, carbohydrate, fat, water mineral and vitamin metabolism.

Functions of skin:

Skin performs the following functions:

- Protection
- Sensation
- Heat regulation
- Control of evaporation
- Aesthetics and communication
- Storage and synthesis
- Excretion
- Absorption
- Water resistance

SL.NO	FUNCTIONS	STRUCTURE
1	Barrier Protection	Melanocytes
	UV rays	
	Infection & Fluid homeostasi	Keratinocytes
	Protection from trauma	Epidermis & dermis
2	Thermoregulation	Blood vessels in superficial & deep dermal plexus
3	Immuno regulation	Langerhans cells & inflammatory cells of all types
4	Sense perception Pain, touch, temperature	Peripheral nerve trunks
	Pressure	Pacini water corpuscles
	Discriminate touch	Meissner's corpuscles

Table – 13 Functions and structure of skin

Pigmentation of the skin

The colour of the skin may be brown or even black according to the amount of pigment present. Even in white races most parts of the skin contain brown pigment granules in the deepest layers of the germinative zone of the epidermis.

In dark races they are more abundant and extend throughout the whole zone.

Melanocytes:

Melanocytes are derived from stem cells in the neural crest that normally migrate to the epidermis, where they are scattered along the basal layer. Melanocytes produce melanin within cytoplasmic packets called melanosomes. These contain greater amounts of melanin in dark-skinned individuals. The melanin is distributed to keratinocytes via dendrites when stimulated by exposure to ultraviolet radiation and other factors Melanin.

Melanin' a word is derived from the Greek word Melas, meaning black. Melanin is a complex black-brown polymer synthesized from the amino acid L-DOPA. Melanin is endogenous non-haemoglobin derived or brown black pigment (formed). When the enzyme tyrosinase catalyses the oxidation of tyrosine to dihydroxy phenylalanine (DOPA) in melanocytes. It is widely distributed in the body but peculiarly enough it is limited

only to those structures which have got an ectodermal origin, for skin, hair, choroid coat of retina and substantia nigra of the brain. It is formed from tyrosine by oxidation metabolism and polymerization.

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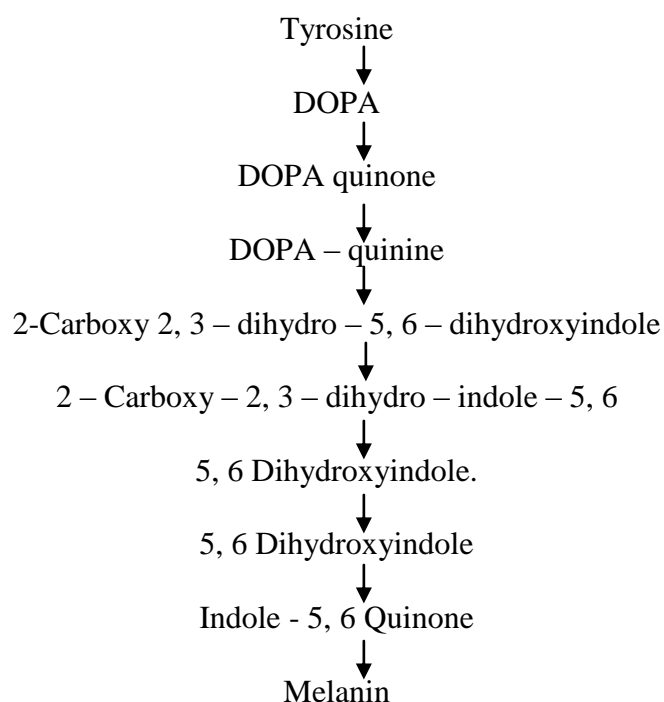
DISTRIBUTION

It is widely distributed in the body but peculiarly enough it is limited only to those structures which have got an ectodermal origin, for skin, hair, choroid coat of retina and substantia nigra of the brain.

It is formed from tyrosine by oxidation metabolism and polymerization.

MELANIN FORMATION

Melanin synthesis is initially catalysed by a copper containing enzyme known as tyrosinase. The broad of melanin synthesis from the oxidation of phenylalanine or tyrosine are as follows.



Melanin produced in the melanocytes is donated via their dendrites to neighbouring keratinocytes.

Melanin formation in both human and amphibian skin is augmented by the hormone known as intermedin or melanocyte - stimulating hormone (MSH) secreted by the pars intermedia of the pituitary gland. Adrenocortico tropic hormone (ACTH) secreted by Anterior Pituitary has melanocyte - stimulating activity similar to MSH although to a much lower degree. Melatonin extract from bovine pineal gland, causes concentration of melanin near the nuclei of melanocytes in frog and as a result of this the skin becomes paler. Its role in the human is not known. MSH causes the serum copper to rise and this is accompanied by inner case in the melanin formation. Diminished formation of melanin is seen in albinism and leucoderma. In melanotic sarcoma, melanin may be found in the urine.

FUNCTION

Melanin absorbs all visible light, UVR and INFRARED radiations.

URTICARIA

INTRODUCTION

Urticaria is a hypersensitivity reaction characterized by evanescent well-circumscribed, pruritic, edematous, erythematous plaques (wheals) involving the skin or mucus membrane. In angioedema, subcutaneous tissue is involved resulting in diffuse localized painful swellings

EPIDEMIOLOGY

Urticaria is a common disease occurring at some stage of life in about 15% of individuals. Urticaria appears to be less common in children. Approximately 15 to 20% of the general population will have urticaria at least once during their lifetime. Although persons of any age may experience urticaria and/or angioedema, the urticaria occurs most frequently after adolescence, with the highest incidence in young adults. The exact incidence and prevalence of chronic urticaria are not known, although it occurs in at least 0.1% and possibly up to 3% of the population. Chronic urticaria is twice as common in women as in men. An Indian study showed that out of 500 cases of urticaria, 37% were suffering from physical urticaria.

ETIOLOGY

Drugs

By allergic reactions

- ❖ Salicylates
- Pencillins
- Sulphonamides
- Tetracyclines

By non-allergic mechanism by degranulating the mast cells directly

- Salicylates
- Polymyxin B
- Morphine and
- Curare

Foods like : Meat, fish, eggs, milk, wheat, rice, pulses, nuts, potato or Any thing which contains sufficient amount of proteins

Injectants : Insect bites, Injection – drug, sera, blood, etc.

Inhalants such as : Pollen, fungal spores, fragments of insects, human and animal dander present in the dust.

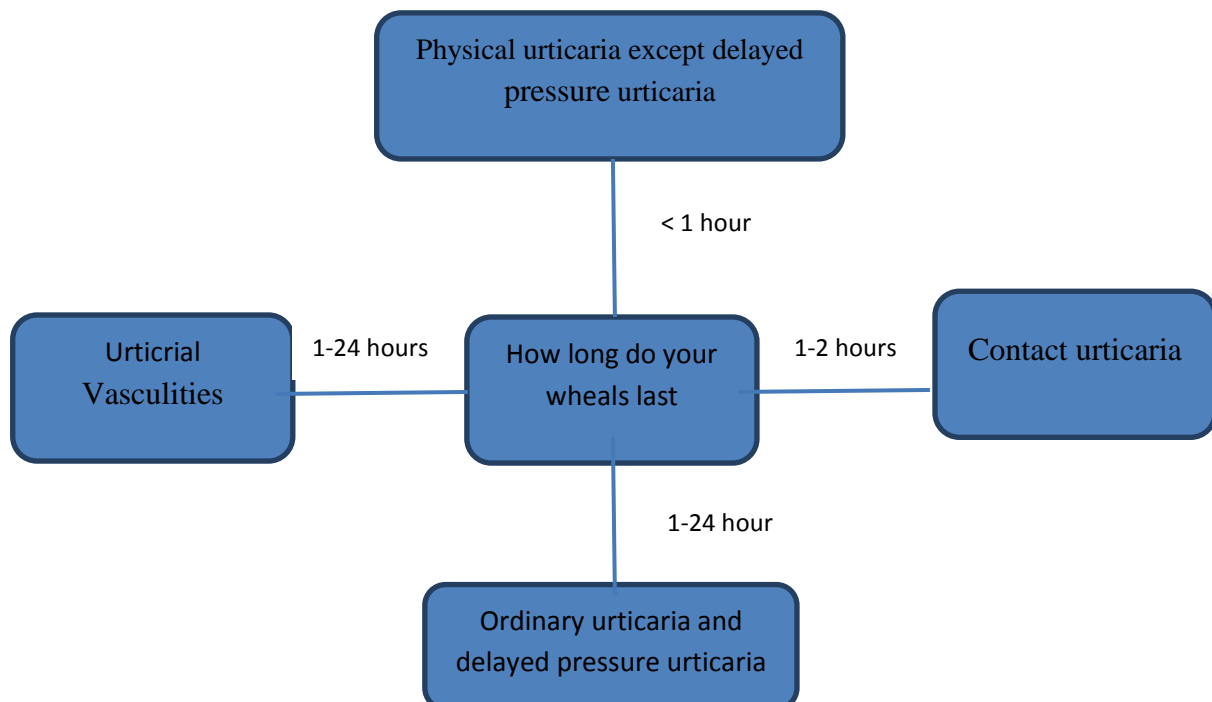
Septic foci : Present anywhere in the body like tonsils, paranasal sinuses, teeth, bones, kidneys and gall-bladder, etc

Gastro-intestinal parasites : Many of the parasites when pass through the skins and/or lungs during their larval stage may produce urticaria
: There is no proof yet that adult parasite of gastro-intestinal tract

Physical causes : Cold, heat, pressure

Other causes of urticaria :

- Viral and fungal infections
- Auto-immune disorders
- Malignant diseases



CLASSIFICATION

For all practical purposes, urticaria can be classified into three broad categories: (a) Ordinary urticaria (b) Physical urticaria and (c) Immune-complex urticaria. There are certain sub classifications of these main categories

Classification of urticaria.

A. Ordinary Urticaria

- i. Acute
- ii. Chronic

B. Physical urticaria

- i. Due to mechanical force
 - a. Dermographism
 - b. Delayed pressure urticaria
 - c. Vibratory angioedema
- ii. Due to heat – Cholinergic urticaria
- iii. Due to cold – Cold urticaria

C. Immune-complex urticaria

- i. Urticaria vasculitis
- ii. Autoimmune urticaria

A. ORDINARY URTICARIA

i) Acute Urticaria

Conventionally it occurs for less than 6 weeks. There are many identifiable causes for acute urticaria. The most common one can be enumerated by 'I', i.e. ingestion, inhalation, injection, infection, immunologic, iatrogenic and idiopathic.

- Ingestion: some food or food products – egg, prawn, milk, cheese, fish, nuts, etc. Infact food preservative, e.g. dyes and others are more commonly incriminated.
- Inhalation: Pollen grains, moulds
- Injection: Vaccines, drugs (pencilin)
- Dental sinus/abcess, protozoal (amoebiasis) infection, UTI
- SLE, thyroid disease
- Idiopathic: No cause can be identified.

Acute Nonallergic Urticaria

Acute urticaria from ingested articles/substances may be nonallergic, so called intolerance or anaphylactoid reactions, e.g. ingestion of nonsteroid anti-inflammatory agents, tartrazine dye can directly liberate histamine from mast cells causing urticaria reaction. Sometimes, these reactions may be so severe that it simulates anaphylaxis, hence called anaphylactoid reaction. Some antibiotics, e.g. morphine, polymyxin, ciprofloxacin, rifampicin and vancomycin can also release histamine directly from mast cells.

ii) Chronic Urticaria

By definition chronic urticaria lasts for more than 6 weeks. The factors which are known to perpetuate this form of urticaria are drugs, foods and food additives, infection and insect bites, inhalation, systemic disease(s) and idiopathic. The last group is often known as chronic idiopathic urticaria (CIU).

Drugs

Most commonly implicated drugs are penicillins, salicylates and ACE inhibitors

Food and food additives

Almost any type of food can cause allergic reaction in susceptible persons. This has to be identified by "elimination diet". Among food additives, tartrazine, butylated hydroxytoluene and butylated hydroxyanisole are commonly implicated.

Infection and Infestation

Viral infection, dental sepsis, sinusitis, gallbladder and urinary tract infections are found in chronic urticaria. Some researchers have stressed the importance of helicobacter pylori. Intestinal parasites are sometimes responsible for urticaria particularly in children.

Inhalation

Grass pollen, animal dander, house dust and tobacco-smoke, food and chemical allergens.

Systemic Disease

Collagen vascular disease, e.g. lupus erythematosus, sjorgen's syndrome and IgM macrolobulinemia, disturbances of thyroid function can be associated with chronic urticaria.

B. PHYSICAL URTICARIA

There are caused by various physical stimuli like mechanical force (dermographism), heat, exercise (cholinergic urticaria), cold, pressure, vibration, etc. Dermographism is quite often associated with chronic urticaria and is produced by stroking the skin with a little pressure. Cholinergic urticaria usually affects young males and is produced by exercise leading to heat generation and sweating. The lesions are transient and small in size. They can also be produced by emotional and gustatory stimuli.

Physical urticaria are self-limiting but can last for months or even years. Anti histaminics are partially effective.

i) Due to mechanical force

A. Dermographism

It is variety of urticaria which literally means writing on the skin. In a majority of normal individuals when the skin is stroked firmly with a blunt object, it results in the triple response of 'Lewis'. However, some patients develop urticaria wheal even on a light stroke on their skin. The lesion in such cases corresponds to the stroked area and the impression is usually linear in shape.

Other causes of urticaria include viral and fungal infections, auto-immune and malignant diseases.

B. Delayed Pressure urticaria

In some individuals, prolonged pressure as from tight belt, straps of brassieres, elastic band of socks and sitting or putting arms on a hard surface for prolonged periods may result in the formation of wheal. In such cases urticaria develops only when the pressure is taken off from the site(s).

C. Vibratory Angioedema

Vibratory angioedema, a form of physical urticaria, may be an inherited autosomal-dominant trait, or it may be acquired after prolonged occupational vibration exposure. Dermatographism, pressure urticaria, and cholinergic urticaria may occur in affected patients. Plasma histamine levels are elevated during attacks. The appearance of the angioedema is usually not delayed. The treatment is antihistamines. As a provocative test, laboratory vortex vibration is applied to the forearm for 5 min.

ii) Heat Urticaria

When an individual develops urticaria due to heat of kitchen, fire, oven, stove, room heater, sunlight, physical exertion or emotional upset, it is called cholinergic urticaria. However, if a patient develops urticaria to sunlight only and not to heat from other sources, he may have purely solar urticaria. The lesions may be limited to sun-exposed areas.

iii) Cold Urticaria

Urticaria due to cold is either familial or acquired. Familial cold urticaria is rare and Presents as a huge swelling associated with fever and leukocytosis on exposure to cold along with positive family history. The acquired variety of cold urticaria usually occurs in otherwise healthy individuals except in a few due to cryo-globulins associated with lymphoma, collagen vascular diseases, secondary syphilis, etc. The attacks are usually precipitated by taking cold water bath, washing hands with cold water, exposure to cold early in the morning or late evening, exposure to winds after getting drenched in the rain, sitting under the fan while sweating, intake of ice cold food or drink, touching or holding cold objects, going to hill station or entering into an air-conditioned room.

C. IMMUNE-COMPLEX URTICARIA

i) Urticaria vasculitis

Cutaneous feature basically is urticaria but atypical, i.e. stays longer than 24 hrs, burning or pain sensation is frequent, a hemorrhagic stain or bruising is not unusual and histopathologically features of vasculitis is prominent, i.e. evidence of vessel damage and leukocytoclasia. It is often associated with fever, malaise, arthralgia, abdominal pain, nausea, Most commonly SLE, hepatitis, Epstein-Barr virus IgM gammopathy is (are) associated with this form of urticaria.

Treatment of the primary cause is necessary; sometimes corticosteroids or other immunosuppressive drug(s) work better. Physical urticarias are always provoked by some physical stimulus. Dermographism is a linear wheal over skin surface that tends to mimic the direction/ path in which mechanical force has been applied with blunt object. Cholinergic urticaria typically occurs as pinpoint very itchy papule that often occurs after exercise or a bath under shower. Treatment is same as that of other urticaria.

Angiodema: Special type of urticaria where the subcutaneous tissues rather than the dermis is involved. The periorbital tissue, lips, ears, forearm, scrotum and vulva are affected, become swollen. Itching is minimal or absent. Management is same as urticaria. In its hereditary form, C1 esterase enzyme is deficient in blood. Corticosteroids simply do not work in this condition. Treatment with danazol or stanozolol often helps.

ii) Autoimmune Urticaria

The concept of autoimmune urticaria has evolved over the past decade as evidence of histamine releasing autoantibodies and their relationship to autoantibodies. It was observed that serum from some patients with urticaria could induce an immediate wheal and flare response on injection into their skin. The response was not seen in healthy subjects. The autologous serum skin test (ASST) response was not abolished by heating serum at 56°C for 30 minutes to inactivate IgE and was demonstrable by heparinized plasma. It was concentration but not volume dependent and could be transferred passively to a healthy volunteer. Pretreatment with antihistamines or the mast cell degranulating chemical compound 48/80 substantially reduced the response, suggesting that it was histamine and mast cell dependent. Studies from the sera of patients with autoimmune urticaria showed the presence of IgG against the α -subunit of the high affinity IgE receptor (FcεR1a) on basophils and mast cells.

The basophil histamine release assay is currently the “gold standard” for detecting functional autoantibodies in serum of patients with chronic urticaria. However, this bioassay is difficult to standardize because it requires fresh basophils from healthy donors and is time consuming. It is likely to remain confined to research centers. The ASST has a sensitivity of approximately 70% and a specificity of 80%. The clinical presentation of patients with or without autoantibodies is surprisingly similar. However, those with autoantibodies tend to have a more severe and/or more prolonged disease.

Management of autoimmune urticaria essentially starts with use of H₁ antihistamic as in cases of ordinary chronic urticaria. However, as since many cases do not respond adequately, often immunosuppressives viz, cyclosporine, azathioprine or intravenous immunoglobulin (IVIG) are required. Recently autohemotherapy and autologous serum therapy have been successfully in treating many such cases.

PATHOPHYSIOLOGY

Urticaria can be induced both by immunological and non-immunological mechanisms. The latter process is also known as anaphylactoid reactions. Immunologically sensitized mast, cell, i.e. with attached IgE on its surface liberates histamine, leukotrienes on exposure to that particular antigen which gets bound to the IgE molecule. Besides histamine and leukotrienes, bradykinin, tryptase, chymotrypsin, substance – P, interleukins also come into play and together they exaggerate the inflammatory response causing fluid to escape from intravascular space resulting in dermal edema.

PATHOGENESIS OF URTICARIA

Evidence for an autoimmune pathogenesis for one of the most common forms of urticaria, chronic idiopathic urticaria, has been identified. In this condition, which is defined by the presence of urticaria episodes for over 6 weeks, self-reacting antibodies appear to cause crosslinking of the IgE receptor with subsequent degranulation of the mast cells.

PROGNOSIS

Most cases of ‘idiopathic’ urticaria last a few weeks to months before disappearing spontaneously. The majority of these will be controlled with an antihistamine. A small percentage of people go on to develop chronic urticaria, which can last for several months or years. The physical urticarias (especially cholinergic urticaria) are more persistent, often lasting for years, and they are often resistant to therapy.

DIAGNOSIS

1. Urticaria due to physical causes or drugs excluded by history and examination
2. Complete food elimination followed by gradual introduction of one dietary element at a time helps in detection of food induced urticaria.

3. Mask use/nasal filter use/change of place may work for inhalants.
4. Stool examination by concentration method on 3 consecutive days – infestations are detected and treated accordingly.
5. Look for a focus of infection. If not possible to detect, give a course of antibiotics. Still no response, change the antibiotic.
6. The major advance in our understanding of chronic idiopathic urticaria (CIU) in recent years has been the discovery that in 30-50% of patients with so labeled chronic idiopathic urticaria, the disease is due to an autoimmune process, and therefore is not strictly 'Idiopathic'.
7. The autologous serum skin test is a useful screening test for autoimmune chronic urticaria (AICU). In this test, 0.05 ml of the patient's serum, removed during a period of disease activity, is injected intradermally into the same patient's uninvolved forearm skin, along with equal volumes of saline and histamine (10 µg/ml) at adjacent sites. The test is read 30 min later. A positive result is recorded if the diameter of the wheal at the serum-injected site is 1.5 mm greater than that of the bleb at the saline-injected site. The sensitivity and specificity of the test are 65-81% and 71-78%, respectively. Patients with AICU are more treatment-resistant, and their disease runs a more aggressive course, than those with non-autoimmune CIU.
8. If still getting urticaria, then look for other causes and treat symptomatically.

Differential Diagnosis of Urticaria

Includes all dermatologic conditions with an urticaria component like cutaneous mastocytosis, urticaria vasculitis, insect bite reactions (popular urticaria) acute febrile neutrophilic dermatosis, pre bullous pemphigoid, acute facial contact dermatitis, erythema multiforme, a collagen vascular disease, porphyria, pityriasis rosea, psoriasis and last but not least scabies.

LABORATORY INVESTIGATION:

These need to be directed at the possible underlying cause as elicited from the clinical history:

- Full blood count including eosinophil count in cases of underlying parasites
- Erythrocyte sedimentation rate (ESR), which is elevated in cases of vasculitides
- Urea and electrolyte, thyroid and liver function tests, which might reveal an underlying disorder
- Total IgE and specific IgE to possible allergens, e.g. food such as shellfish and peanuts
- Antinuclear factor in chronic urticaria or urticarial vasculitis.

TREATMENT

Acute Urticaria

- Minimize heat and stress
- Avoid alcohol, NSAIDs and opiates.
- Soothing lotions such as calamine for topical application given during attack of urticaria.
- Antihistaminics:
 - H₁ antagonists or
 - H₂ antagonists or
 - Both togetherOld sedative antihistaminics are still better during acute episodes.
- Corticosteroids maybe required to tide over a crisis – tapering regime commencing with 30 mg prednisolone daily, with or without concurrent H₁ antagonis administration.
- Adrenaline used in anaphylaxis.
- Other measures like intravenous fluids, oxygen use may be required.

Chronic Urticaria

- Antihistamines still remain the mainstay of drug treatment
- Doxepin 25 to 50 mg at night time may be added.

- Corticosteroids – occasionally as short tapering courses given in autoimmune chronic urticarias as they fail to respond to antihistamines.
- Cyclosporine – 2.5 to 5 mg / kg body weight / day is another option. Control of urticaria usually occurs within 1 week of commencing treatment
- Intravenous immunoglobulin

9. LINE OF TREATMENT & DIETARY REGIMEN

Line of Treatment:

The aim of the treatment in Siddha system is not only the removal of physical illness but also for the mental illness and preventing as well as improving the body condition. This is said as follows:

1. Kappu (Prevention)
2. Neekkam (Treatment)
3. Niraivu (Restoration)

While treating the disease, the following principles must be noted,

So it is essential to know the disease, the aetiological factor, the nature of the patient, and the severity of the illness.

Since siddha system of medicine based on the Mukkutra theory, the treatment is mainly aimed to bring down the three dhosam to its equilibrium state and thereby restoring the physiological condition of various thadhu.

- Vitiation of Vatham is the prime factor for *Thetthuru kuttam*
- Kazhichal maruthuvam (Purgation) corrects the vitiated Vatham The following verses reveal the importance of Kazhichal maruthuvam

“விரேசனத்தால் வாதம் தாழும்”

KAAPPU (PREVENTION)

To prevent karma (idiopathic or hereditary disease), preventive measures to be taken into consideration even while arranging for material alliances the object of which is to be get healthy pregnancy to build a robust and healthy nation. The rules affecting healthy alliances have been elaborately described in the science of astrology. They married on the basis of physical, emotional, intellectual and social compatibility.

“உடம்பினா லன்றி யுணர்வு தானில்லை

உடம்பினா லுன்னியதே யாம்

உயிர்க்குறுதியெல்லா முடம்பின் பயனே

அயிர்ப்பின்றி யாதியை நாடு”

-ஒளவைக்குறள்

NEEKKAM (TREATMENT)

The three uyirthathu which are responsible for organization, regularization and integration of the bodily structures and their physiological functions are always kept in a site of equilibrium by word, thought, deed, and food of the individual. The general aetiological factors for constitutional discomfort is said to be incompatible diet, mental and physical activities.

NIRAIVU (RESTORATION)

The patients need good discussion and motivation and persuasion to accept the eventually of the Thetthuru kuttam and prepare for a life style and that provides optimization of metabolic status. In suitable effective medicinal preparations have to be administered in the being of I tself to neutralize the altered humours and manage as well as postponing the complications.

Siddhars aimed at bringing the three dosham in equilibrium in the treatment of the disease. Towards this end we treat with herbs and mineral prepration are used, while treating Thetthuru kuttam . siddhars prescribed a minimum dosage initially and increased the dose gradually.

LINE OF MANAGEMENT FOR *THETTHURU KUTTAM*

- Normalization of altered humours
- Internal medicine
- External medicine
- Yogasanam
- Dietary restrictions

1. NORMALIZATION OF ALTERED HUMOURS

- By oil bath and purgation therapy

வளிக்குற்றம் கேடடைந்து இரசம், குருதி இவ்விரண்டு உடற்றாதுக்களைக் கெடுத்துமேனியின் நிறத்தையும் கெடுத்து. பிறகு மற்ற உடற்றாத்துக்களையும் முறையேகெடச் செய்து இந்நோயை வருவிக்கும். வளிக்குற்றக் கெடுதலோடு அழல். ஐயம். இவ்விரண்டு குற்றங்களும் நாளடைவில் கேடடைந்து நோயை வன்மைபெறச் செய்யும். ஆதலால் முதலாகக் கேடடைந்த

வளிக் குற்றத்தைத் தன்னிலை பெறுவதற்கான கழிச்சல் மருந்துகளைக் கொடுத்து, உடற்கட்டுகளை வன்மைப்படுவதற்கான மருந்துகளையும், நோய்க்கான பெருமருந்துகளையும் உள்ளுக்கும் வெளிக்கும் கொடுக்க வேண்டும்.

2.INTERNAL MEDICINE

MEDICINAL PLANTS FOR THETTHURU KUTTAM

- Azhinjil
- Akasagarudan
- Echchura mooli
- Kadukkai
- Kalappaikizhangu
- Kuruvichi
- Nabi
- Serangkottai
- Niradi muththu
- Vandu kolli
- Puvarasu
- Parangipattai
- Cassia alata (ring worm), cassia fistula (Purging cassia) and cassia senna (Indiansenna) are also useful.
- Hot water with bitter taste medicinal plant for bathing (Acacia catechu and neem)
- Buteamonosperma and salt may be added savuri pazhathailam may be useful in oil bath purpose.

DIETARY REGIMEN

Siddha system lays a great importance on the observation of rules regarding diet in everyday life, because the Siddha system has rightly realized that the basic factor of the body is food. That is annamaya kosam is the first among the five kosam constituting our physical and mental existence. To prevent the occurrence of the disease, elaborate inference regarding food item in our daily diet is given in the text book of Siddha.

“மருந்தென வேண்டாவாம் யாக்கைக்கு அருந்தியது

அற்றுது போற்றி யுணின்”

“மாறுபா டில்லாத உண்டி மறுத்துண்ணி

ஹாறுபா டில்லை யுயிர்க்கு”

-திருக்குறள்

Generally when a medicine is administrated, Siddha physician prescribes diet regimen according to the nature of the medicine and severity of the diseases. As over intake or consuming unbalanced and incompatible diet is considered to be the prime causative factor for upsetting the tridosha balance leading to the manifestations of various ailments..

PATHIYAM (DIET RESTRICTION)

Patients were advised to follow certain special dietary methods called “Pathiyam”. The importance of diet restriction is clearly mentioned by Sage Yugi as follows,

- Sour, Spicy, Salt tasted food products induce the Pitham from that baseline.
- Fish, crab snail like aquatic livings like karappan foods ,should also be avoided.
- Mat interwoven by the leaves of the phoenix dactilifera (date tree) may be used as bed to alleviate the disease.
- Patient should keep his body clean, Fullers earth should not be used for cleaning the skin lesion.
- The flour of vigna radiate (green gram) may also be used for cleaning purpose and taking bath. Thiripala decoction may also be used for cleaning purpose of skin lesions.

Advice:

- Take oil bath every 4 days once
- Take purgation every 4 months once
- Strictly avoid animal proteins like meat, egg and fish
- Take lot of green leafy vegetables, fruits and water
- Reduce stress
- Do exercises daily to refresh the body

- Avoid scratchy materials (e.g..wool or other irritants)
- Avoid harsh soaps, detergents and solvents
- Avoid environmental factors that trigger allergies (e.g.,pollens, molds, mites and animal dander)

Yogasanam for the management of *Thetthuru Kuttam*

- Sarvangasanam
- Paschimothasanam
- Halasanam
- Dhanurasanam

STUDY TYPE

- Observational study type

STUDY DESIGN

- Randomized case control study

STUDY PLACE

- Out Patient Department
Department of NoiNaadal,
National Institute of Siddha,
Chennai-47.

SAMPLE SIZE

- Patients – 30

SELECTION CRITERIA

- Age 18-60
- Circumscribed erythematous skin lesion
- Palloriness in the skin lesion
- Itching
- Curling of hair
- Numbness
- Generalised oedema

Patients who had fulfilled any four symptoms in the criteria had been included in the study.

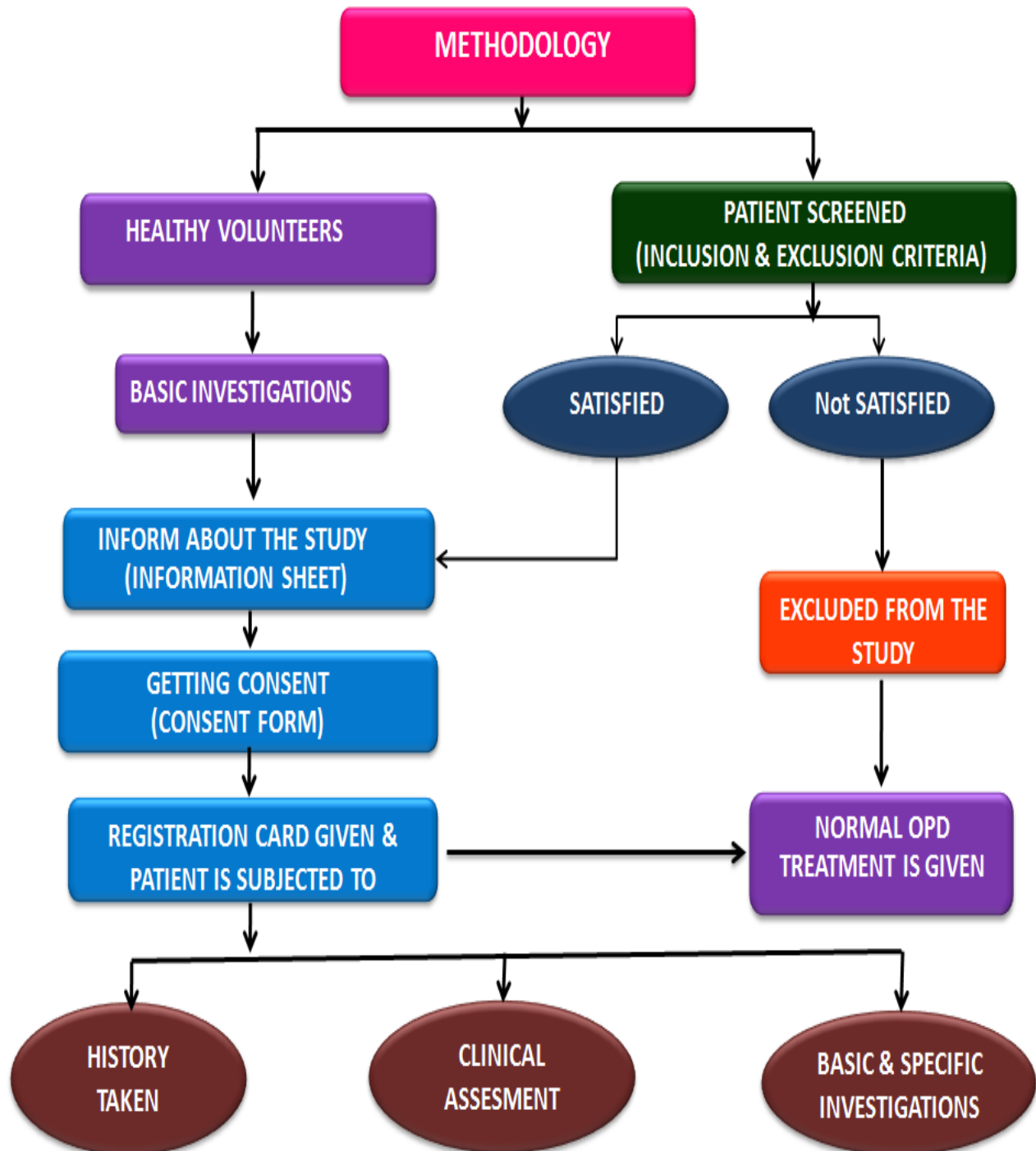
EXCLUSION CRITERIA

- Any Major systemic illness
- Vulnerable group
- Eczema

Withdrawal Criteria

- ❖ Those lost in follow up
- ❖ Those who are not willing for investigation

METHODOLOGY



INVESTIGATION – MODERN

BLOOD

- Hb
- TC
- DC
- ESR
- FBS
- PPBS
- S.Cholesterol
- Triglycerides
- Blood Urea
- Serum Creatinine

URINE

- Albumin
- Sugar (Fasting)
(Post prandial)
- Deposits

Motion

- Ova
- Cyst
- Occult blood

Specific investigations:

- Absolute eosinophil count
- Serum IgE

INVESTIGATION- SIDDHA

ENVAGAI THERUVUGAL (EIGHT FOLD EXAMINATION)

Naadi (Radial pulse reading)

- Naadi nithanam
- Naadi nadai

Meikuri (Physical Signs)

- Veppam
- Viyarvai
- Thoduvali

Naa (Tongue)

- Maa padinthiruthal
- Niram
- suvai
- Vaineerooral
- Vedippu

Niram (Complexion)

- Karuppu
- Manjal
- Veluppu

Mozhi (Voice)

- Sama oli,
- Urattha oli,
- Thazhntha oli

Vizhi (Eyes)

- Niram
- Kanneer
- Erichchal
- Peelai seruthal

Malam (Stools)

- Niram
- Sikkal
- Sirutthal
- Kalichal
- Seetham

Moothiram (Urine)**Neerkuri (Physical character)**

- Niram
- Manam
- Edai
- Nurai
- Enjal

Neikuri (Oil Spreading sign)

Manikkadai nool (Wrist Circummetric sign)

DATA COLLECTION

Case Record Form

DATA MANAGEMENT

- After enrolling the patient in the study, a separate file for each patient was opened and all forms were filled in the file. Study No. and Patient No. was entered on the top of file for easy identification and arranged in a separate rack at the concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patient file was taken and necessary recordings were made at the case record form or other suitable form.
- The Data recordings were monitored for completion and compliance of patients by HOD and Sr.ResearchOfficer (Statistics). All forms will be further scrutinized in presence of Investigators by Sr.Research Officer (Statistics) for logical errors and incompleteness of data before entering onto computer to avoid any bias. No modification in the results is permitted for unbiased report.
- Any missed data found in during the study, it was collected from the patient, but the time related data was not be recorded retrospectively
- All collected data was entered using MS access software onto computer.
- Investigators were trained to enter the patient data and cross checked by SRO

STATISTICAL ANALYSIS

All collected data was entered into computer and the neikuri shape was recorded as per literature. The shape association with Normal healthy individuals / in patients with *Thetthuru kuttam* was descriptively analysed and presented. The chi-square, Mantel-Hanzel chi-square, Proportion test was used to determine the significance of a variable. Multivariate analysis – Factor analysis was performed to determine the factors associated with neikur ishapes. Probability less than 0.05 were taken as significance.

OUTCOME

Primary outcome :

Establishing the relevance /correlation of *Thetthuru kuttam* symptomatology with that of modern concepts of Urticaria.

Secondary outcome:

1. Arriving at Siddha pathophysiology of *Thetthuru kuttam*.
2. Finding the line of treatment and dietary regimen for *Thetthuru kuttam*.
3. Elucidation of Siddha investigatory parameters.

ETHICAL ISSUES

- Patients were examined and screened unbiased manner and was subjected to the criteria.
- Informed consent was obtained from the patient in writing, explaining in the understandable language to the patient.
- The data collected from the patient was kept confidentially. The patient was explained about the diagnosis.
- To prevent any infection, while collecting blood sample from the patient, only disposable syringes, disposable gloves, with proper sterilization of lab equipments was used.
- This study involves only the necessary investigations (mentioned in the protocol) and No other investigation was done.
- Normal treatment procedure followed in NIS was prescribed to the study patients and the treatment was provided at free of cost.
- There was no infringement on the rights of patient.

11. OBSERVATION AND RESULTS

11.1. Age distribution

Age	No of cases	Percentage %
1-33yrs	18	60.0%
34-66yrs	12	40.0%
67-99yrs	0	0.0%
TOTAL	30	100.0%

Table: 14- Age distribution

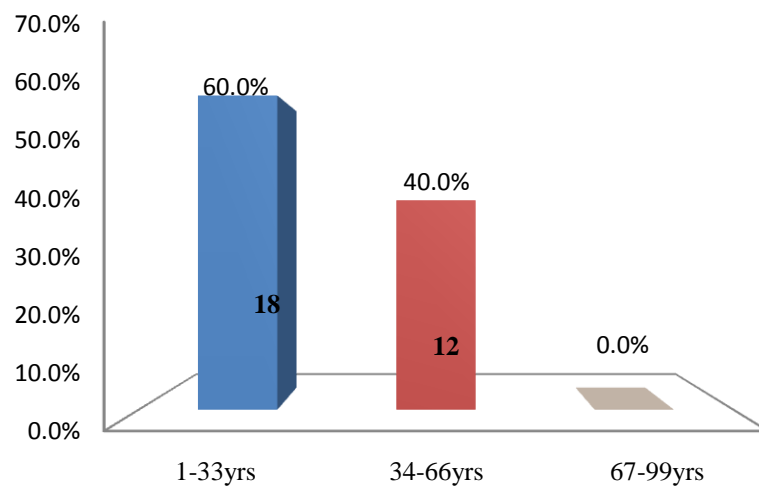


Fig: 10- Age distribution

Among 30 cases, 18(60 %) of cases came under 1-33 yrs,(40%) of cases 12 came under 34 – 66yrs.

Inference:

Younger age group patients reported more in NIS for the study condition. And no reporting was recorded in elderly age group.

11. 2. Gender Distribution

Gender	No of cases	Percentage %
Male	16	53.3%
Female	14	46.7%
Total	30	100.0%

Table: 15- Gender distribution

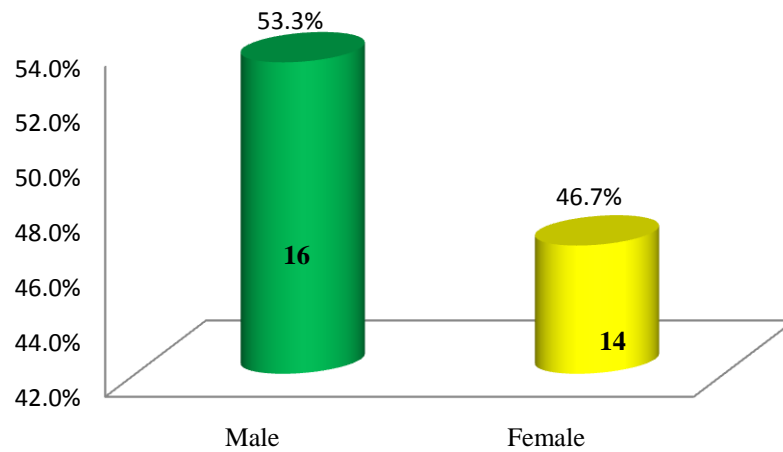


Fig: 11- Gender distribution

Observation:

Among 30 cases, 16 (53.3%) of them were males, 14 (46.7%) of them were females.

Inference:

In this study, male and females almost equally affected.

11. 3. Food Habits

Food habits	No of cases	Percentage %
Vegetarian	2	6.7%
Non-vegetarian	28	93.3%
Total	30	100.0%

Table: 16 - Food Habits

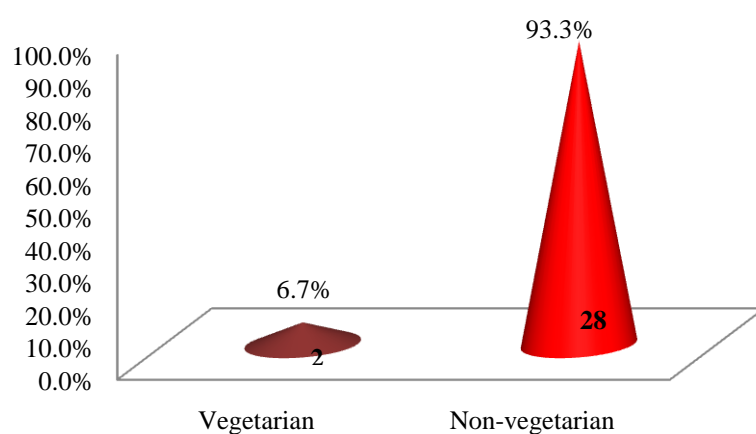


Fig: 12- Food Habits

Observation:

Among 30 cases, 2 (6.7%) of them were vegetarian, 28 (93.3%) of them were Non vegetarian.

Inference:

This might be increased in Non vegetarian population compared to vegetarian in our set up. Most of them were non vegetarians because non vegetarians are more prevalent in general population. Non-vegetarian diet which is considered as thamogunam food seems to alter the body, mind and soul. This disease is more prevalent in people taking high protein non vegetarian diet such as (chicken, egg, fish, prawn, meat, milk).

11. 4. Occupation

Occupation	No of cases	Percentage %
Carpenter	1	3.3%
Home maker	8	26.7%
Weaving	1	3.3%
Student	2	6.7%
Medical Billing	1	3.3%
software professional	7	23.3%
industrial	2	6.7%
Mechanical work	2	6.7%
Tailor	1	3.3%
Supervisor	2	6.7%
Farmer	1	3.3%
House keeping	1	3.3%
Marketing work	1	3.3%
Total	30	100.0%

Table: 16- Occupation

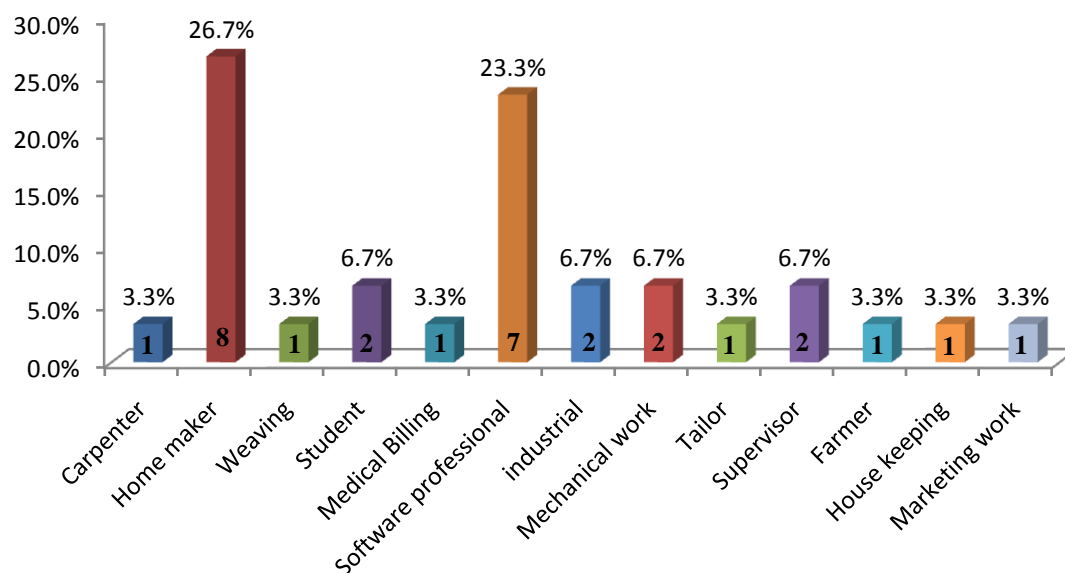


Fig: 13- Occupation

Observation:

Among 30 cases, 8 (26.7%) of cases were home makers, 7 (23.3%) of cases were software professional, 2 (6.7%) of cases were student, industrial, mechanical work, supervisor. 1 (3.3%) of cases were carpenter, weaving, medical billing, tailor, farmer, housekeeping, marketing work.

Inference:

In the study, majority of the cases were home maker and software professional. 8 (26.7%) of cases were home makers had history of increased stress, 7 (23.3%) of cases who were doing software professional had urticaria. Due to heavy work load patients will be stress which is one of the triggering factor for skin disease.

11.5 Udalvanmai

Udalvanmai	No of cases	Percentage %
Iyalbu (Normal)	16	53.3%
Valivu (Robust)	9	30.0%
Melivu (Lean)	5	16.7%
Total	30	100.0%

Table: 17- Udal Vanmai

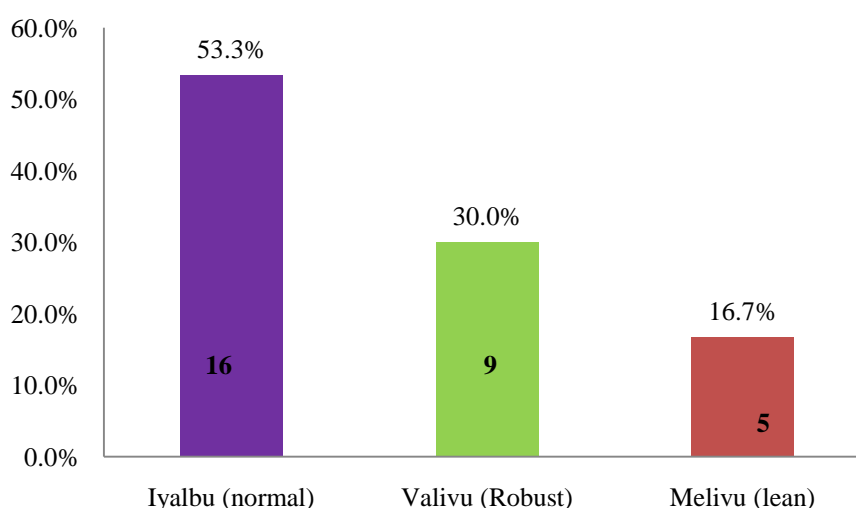


Fig: 14- Udalvanmai

Observation:

Among 30 cases, 16(53.3%) of cases had Iyalbu nilai (normal), 9 (30.0%) of cases had Valivu nilai (robust), 5 (16.75%) of cases had Melivu nilai (lean).

Inference:

Majority of the study patients were of Iyalbu (normal) body built.

11. 6. Duration of illness

Days	No of cases	Percentage
1-12 month	13	43.3%
1-2 yrs	3	10.0%
2-3 yrs	4	13.3%
3-4 yrs	4	13.3%
4-5 yrs	1	3.3%
5-6 yrs	3	10.0%
6-7 yrs	1	3.3%
7-8 yrs	1	3.3%
Total	30	100.0%

Table: 18- Duration of Illness

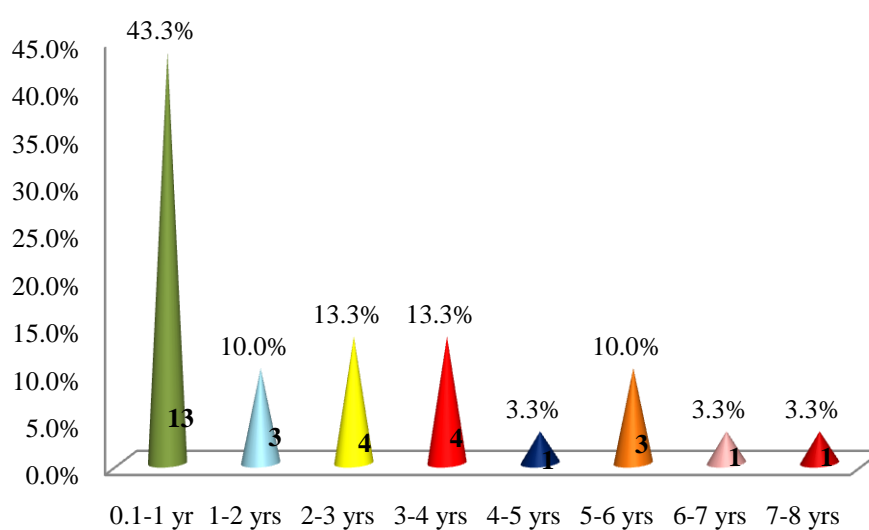


Fig: 15- Duration of Illness

Obseravation:

Among 30 cases, 13 (43.3%) of cases had the disease for 1-12 month. 4 (13.3%) of cases had the disease for 2-3 yrs and 3-4 yrs. 3 (10.0%) of cases had the disease for 1-2 yrs and 5-6 yrs. 1 (3.3%) of case had the disease for 4-5yrs, 5-6yrs and 7-8yrs.

Inference:

More than 13 (43.3%) of the patients were suffering from this disease for 1-12 month.

11. 7. Kaalam Distribution

Kaalam	No of cases	Percentage %
Vatha kaalam	0	0.0%
Pitha kaalam	12	40.0%
Kaba kaalam	18	60.0%
Total	30	100.0%

Table: 19- Kaalam Distribution

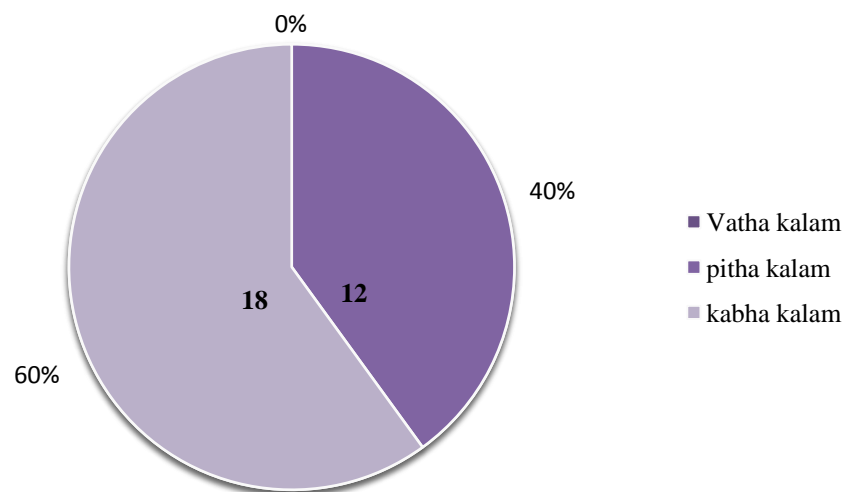


Fig: 16- Kaalam Distribution

Observation:

Among 30 cases, 18 (60%) of cases came under kaba kaalam, 12 (40%) of cases came under pitha kaalam.

Inference:

This study majority of the cases fell in the (1-33yrs) kaba kaalam age group in pathological classification. Adolescent people mostly taking Junk foods and skin contact with certain fragrance.

11. 8 . Clinical features

Clinical features	No of cases	Percentage %
Circumscribed erythematous skin lesion	30	100.0%
Palloriness	0	0.0%
Itching	30	100.0%
Curling of hair	0	0.0%
Numbness	8	26.7%
Generalised oedema	19	63.3%

Table: 20- Clinical Features

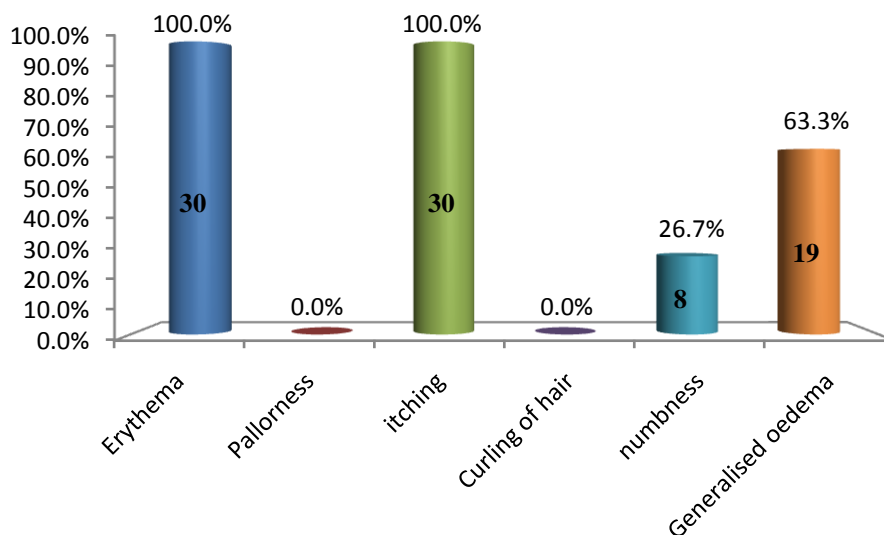


Fig: 17- Clinical Features

Observation:

Among 30 cases, all of them had erythematous skin lesion and itching, 19 (63.3%) of cases had generalized oedema, 8 (26.7%) of cases had numbness.

Inference:

All of the patients had erythematous skin lesion and itching. Roughly half of the patients had numbness and generalized oedema.

Clinical Features - Thetthuru Kuttam



Fig – Urticarial Wheal
OP No. K02189



Fig – Dermographism - Urticaria
OP No. J 67368



Fig – Angiodema (Subcutaneous Swelling)
OP No. J99960



Fig – Urticarial Wheal
OP No. J95043

Fig: 18- Erythematous Skin lesion

11.9 Udal Thathukkal

Udal thathukkal	No of cases	Percentage
Saaram	16	53.3%
Seneer	17	56.7%
Oon	12	40.0%
Koluppu	4	13.3%
Enbu	2	6.7%
Moolai	3	10.0%
Sukkilam/suronitham	0	0.0%

Table: 21- Udal Thathukkal

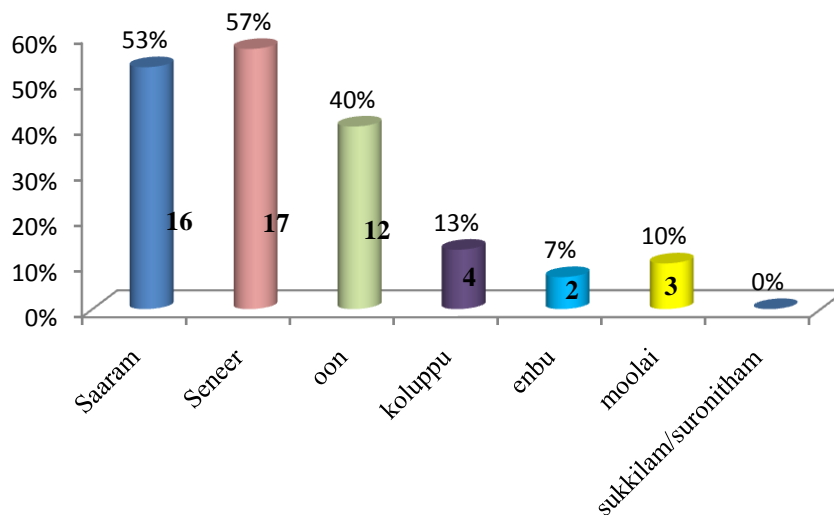


Fig: 19- Udal thathukkal

Observation:

Among 30 cases, 17 (56.7%) of cases had deranged seneer, 16 (53.3%) of cases had deranged saaram, 12 (40.0%) of cases had deranged oon, 4 (13.3%) of cases had deranged koluppu, 3 (10.0%) of cases had deranged moolai, 2 (6.7%) of cases deranged enbu.

Inference:

Saaram and seneer were affected in about half of the cases. seneer is responsible for the imparts colour to the body, 17 (56.7%) of cases had affected seneer.

11.10 Noi Utra Kaalam

Noi utra kaalam	No of cases	Percentage
kuthir kaalam	2	6.7%
Pinpani kaalam	4	13.3%
Kaar kaalam	8	26.7%
Munpani kaalam	13	43.3%
Ilavenil kaalam	3	10.0%
Muthuvenil kaalam	0	0.0%
Total	30	100.0%

Table: 22- Noi utra kaalam

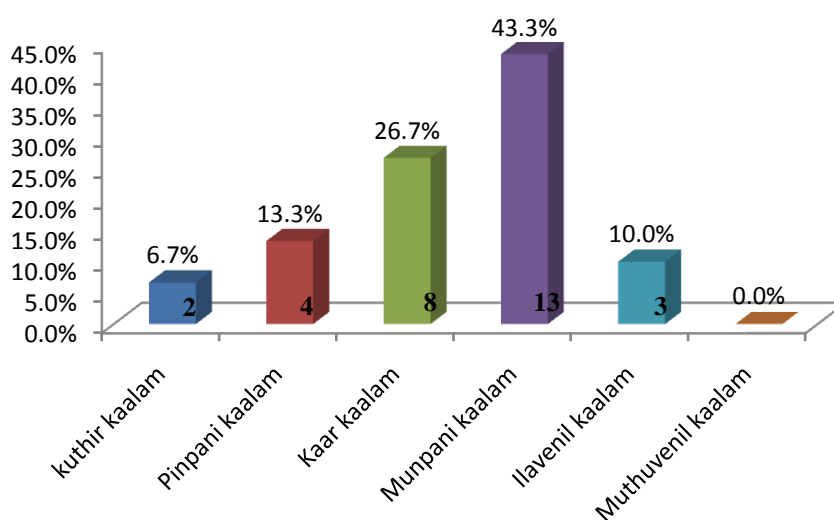


Fig: 20 - Kaalam Distribution

Observation:

Among 30 cases, 13 (43.3%) of cases were affected in munpani kaalam, 8 (26.7%) of cases were affected in kaarkaalam, 4 (13.3%) of cases were affected in pinpani kaalam, 3 (10.0%) of cases were affected in Ilavenil kaalam, 2(6.7%) of cases were affected in kuthirkaalam.

Inference:

Majority of cases had their disease started during in MunPani Kaalam (early winter), It is inferred that the evening dew which occurs in December and January (Markazhi and Thai), could have precipitated the disease.

11.11. NAADI NADAI

Naadinadai		Cases	Percentage
Naadinithanam	Vanmai	18	60.0%
	Menmai	12	40.0%
Pulse play	Pithavatham	9	30.0%
	PithaKabham	17	56.7%
	Vathakabham	1	3.3%
	Vathapitham	3	10.0%

Table: 23- Naadi nadai

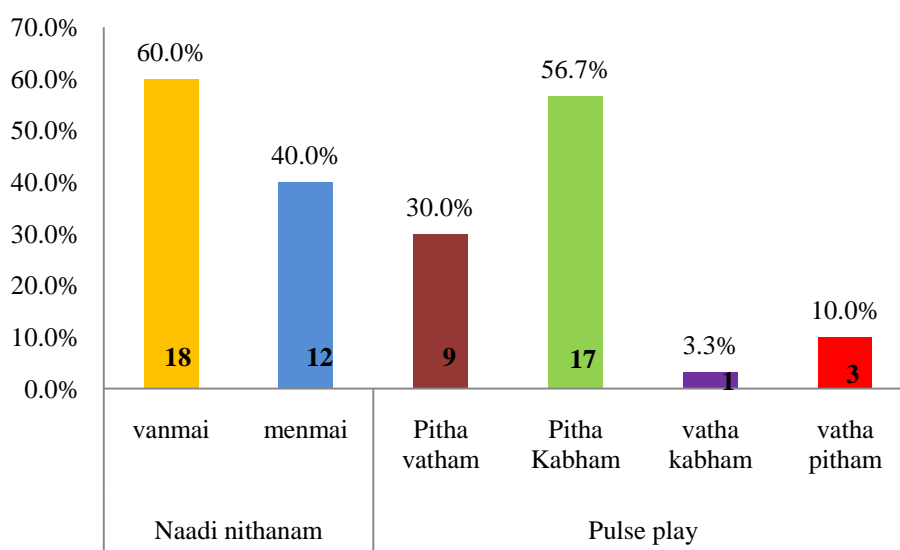


Fig: 21- Naadi Nadai

Observation:

Among 30 cases, 18 (60%) of cases had Vanmai character and 12 (40%) of cases had menmai character in naadi nithanam. Among 30 cases 17 (56.7%) of cases had Naadi nadai of Pitha kabam. 9 (30%) of cases had naadinadai of Pithavatham. 3 (10%) of cases had Naadinadai of Vatha pitham and 1 (3.3%) of case had Naadinadai of Vathakabam.

Inference:

In pulse play, we observe that Pitha kabam is operational in a majority of patients.

11. 12. NAA

Naa	No of cases	Percentage %
Manjal	24	80.0%
Veluppu	5	16.7%
Karuppu	1	3.3%
Total	30	100.0%

Table: 24- Naa

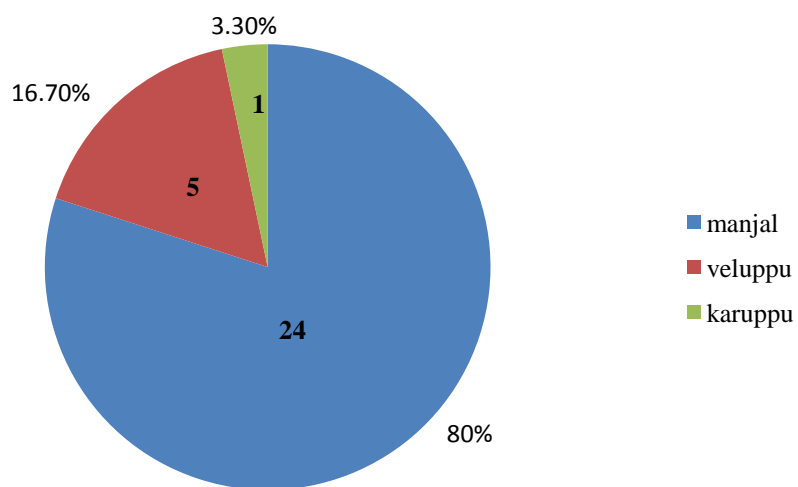


Fig: 22- Naa

Observation:

Out of 30 cases, 24 cases (80%) had (manjal) normal tongue, 5 cases (17%) had (velluppu) pale tongue, and 1 case (3.3%) had (karuppu) black tongue.

Inference:

In this study majority of the cases 24 (80%) had normal tongue and 5 (17%) had pale tongue.

11.13 Niram and Mozhi distribution

Name of the parameter thanmai (character)		Cases	Percentage %
Niram (Complexion)	Karuppu	11	36.7%
	Manjal	17	56.7%
	Veluppu	2	6.7%
Mozhi (voice)	Samaoli(low pitch)	26	86.7%
	Urathaoli(high pitch)	1	3.3%
	Thazhentaoli(normal pitch)	3	10.0%

Table: 25- Niram & Mozhi

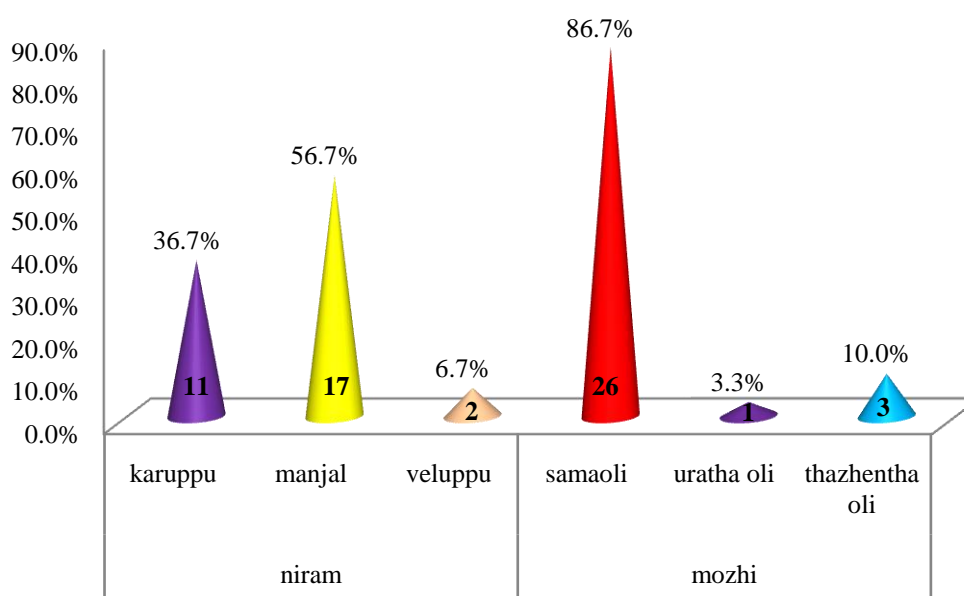


Fig: 23- Niram & Mozhi

Observation:

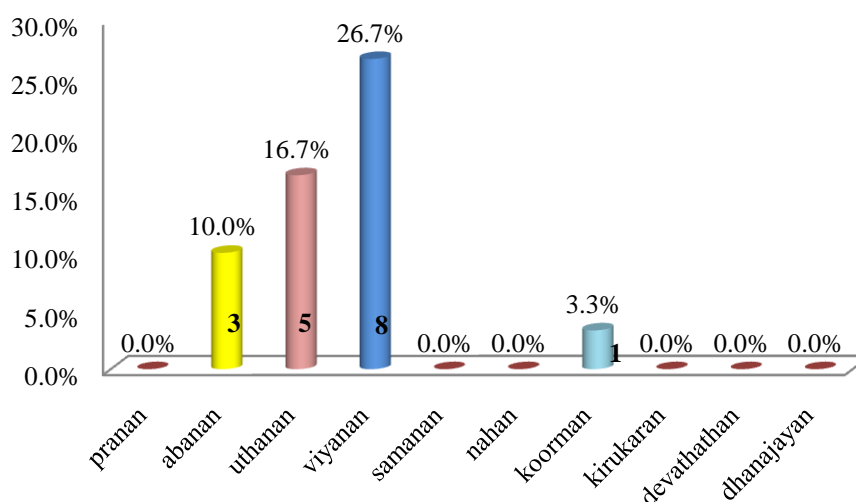
Out of 30 cases, 17 (56.7%) of cases were of yellowish complexion, 11 (36.7%) of cases were of dark complexion, 2 (6.7%) of cases were of pale complexion. Out of 30 cases, 26 (86.7%) of cases had (sama oli) middle pitched voice, 3 (10%) of cases had (thazhantha oli) low pitched voice, 1 (3.3%) of case had (urattha oli) high pitched voice.

Inference:

56.7 % (17) of the cases found to be yellowish colour, No specific inference could be made out in this study from the examination of the niram. In this study majority of cases had (Sama Oli) middle pitched voice.

11.14 Deranged vali

Vatham	No of cases	Percentage %
Pranan	0	0.0%
Abanan	3	10.0%
Uthanan	5	16.7%
Viyanan	8	26.7%
Samanan	0	0.0%
Nahan	0	0.0%
Koorman	1	3.3%
Kirukaran	0	0.0%
Devathathan	0	0.0%
Dhanajayan	0	0.0%

Table: 26- Niram & Mozhi**Fig: 24 –Deranged vali**

Observation:

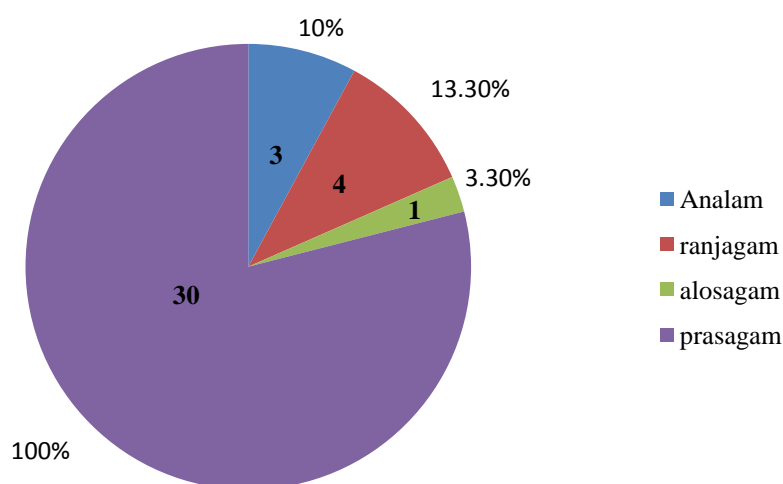
Among 30 cases, 8 (26.7%) of cases had deranged viyanan, 5 (16.7%) of cases had deranged uthanan, 3 (10%) of cases had deranged abanan, 1 (3.3%) of cases had deranged koorman.

Inference:

out of 30 cases, 8 cases (26.7%) viyanan is responsible for the motor and sensory functions of the entire body, so patient had numbness and itching hence viyanam is affected. 3 cases (10%) had deranged abanam is responsible for the downward movements had constipation, so abanam is affected, and uthanan components of vatha humour affected.

11.15. DERANGED PITHAM

Pitham	No of cases	Percentage %
Analam	3	10.0%
Ranjagam	4	13.3%
Alosagam	1	3.3%
Prasagam	30	100.0%
Saathagam	0	0.0%

Table: 27- Deranged Pitham**Fig: 25 - Deranged Pitham**

Observation:

Among 30 cases, all of them had deranged prasagam. 4 (13.3%) of cases had deranged ranjagam. 3 (10%) of cases had deranged analam, 1 (3.3%) of case had deranged alosagam pitham

Inference:

The components of pitham connected with digestion, activeness, accuity of vision and haemopoietic activity are affected. Since, prasagam is responsible for the, it gives colour, complexion and brightness to the skin, so prasagam involved in skin texture, the presentation of erythematous skin lesion suggest that pitham is affected.

11.16. DERANGED KABAM

Kabam	No of cases	Percentage
Avalambagam	0	0.0%
Kilethagam	0	0.0%
Pothagam	0	0.0%
Tharpagam	1	3.3%
Santhigam	20	66.7%

Table: 28- Deranged kabam

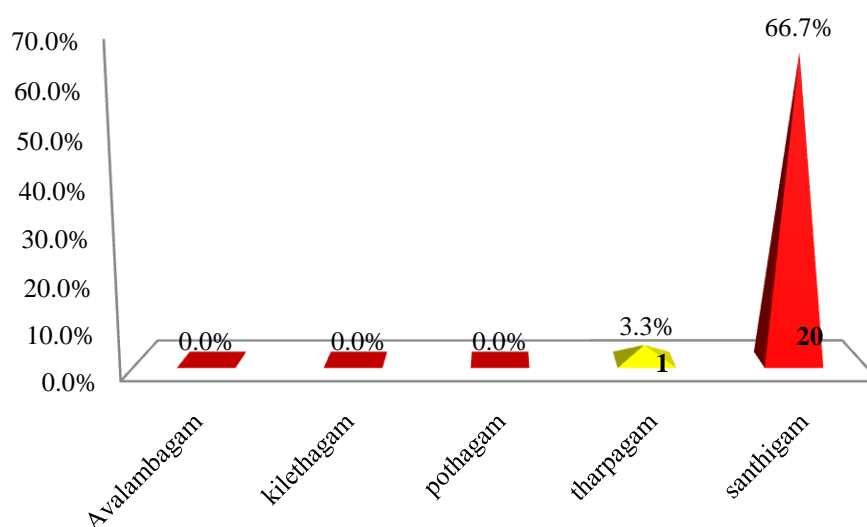


Fig: 26 - Deranged Kabam

Observation:

Among 30 cases, 20 (66.7%) of cases had deranged santhigam, 1 (3.3%) of case had deranged tharpagam.

Inference:

The components of kabam connected with joints and cooling of eyes are said to be affected. Since, santhigam is involved in joints and tharpagam is involved in cooling of eyes and structures present in head. The presentation of joint pain and burning sensation of eyes suggests that it is affected.

11.17 NEERKURI

Neerkuri		No of cases	Percentage %
Niram (Colour)	Colourless	1	3.3%
	Orange	3	10.0%
	Pale yellow	7	23.3%
	Yellow	19	63.3%
Manam (Smell)	Ammonical	30	100.0%
Edai Density)	Normal (1.010 - 1.025)	28	93.3%
	High specific gravity (>1.025-1.030)	1	3.3%
	Low specific gravity (<1.010-1.005)	1	3.3%
Alavu (Volume)	Normal (1.2-1.5 ltr /day)	29	96.7%
	Poly uria	0	0.0%
	Oliguria	1	3.3%
Nurai (Frothy)	Absent	0	0.0%
Enjal (Deposit)	Absent	0	0.0%

Table: 29- Neerkuri

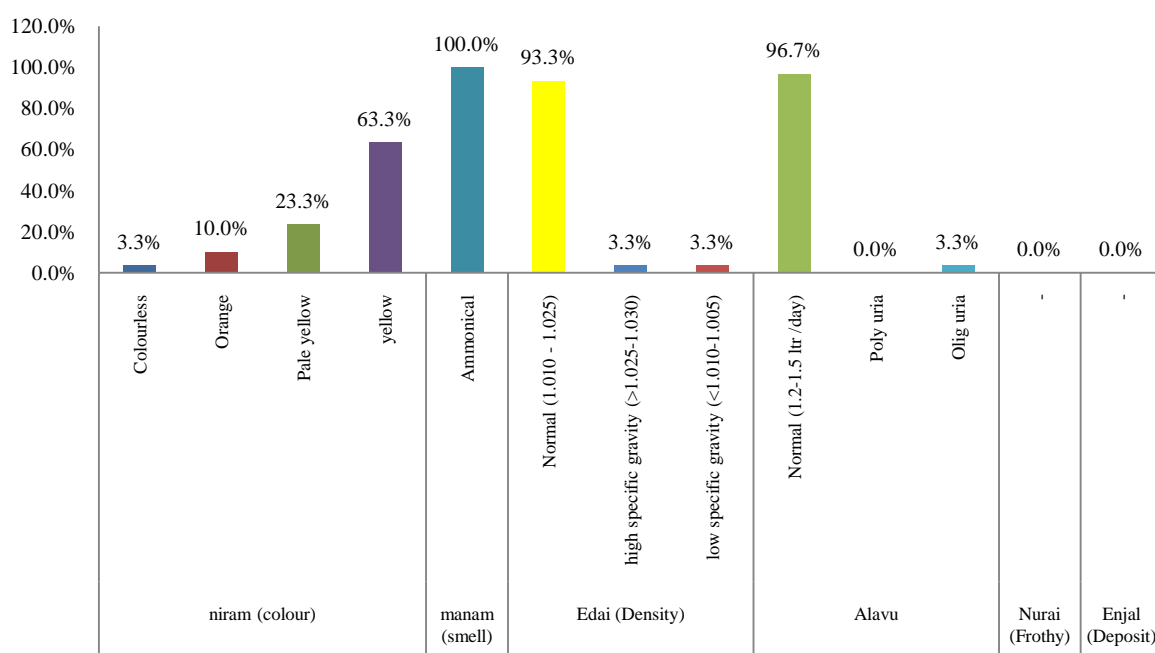


Fig: 27 - Neerkuri

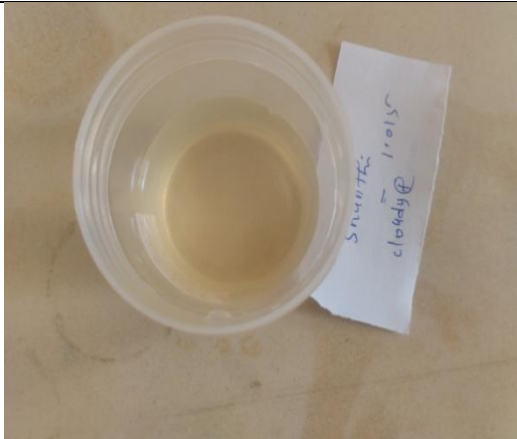

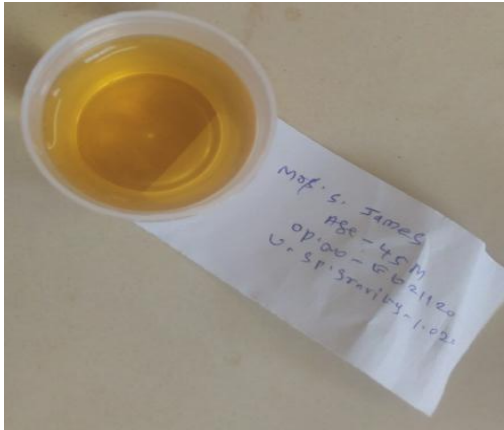
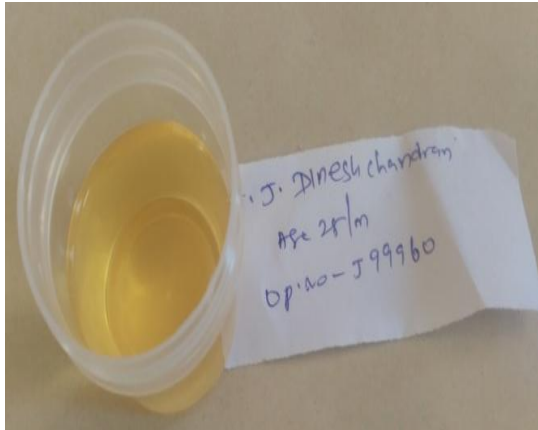
Observation:

Among 30 cases, 7 (63.3%) of cases had yellow colored urine and 3 (23.3%) of cases had pale yellow colored urine, 3 (10%) of cases had orange colored urine. All of the patients had ammoniacal smell in urine, 30 (96.7%) of cases had normal volume of urine, 1 (3.3%) of case had Oliguria, 30 (93.3%) of the cases had normal specific gravity, 1 (3.3%) of case had High specific gravity and 1 (3.3%) of case had low specific gravity.

Inference:

Almost all the cases had yellow colored urine with mild aromatic smell, normal density and deposit.

Neerkkuri

 <p>Colourless OP NO:J 95043</p>	 <p>Orange Colour OP NO :J241193</p>
 <p>Yellow Colour OP NO : E 021120</p>	 <p>Pale Yellow Colour Op no – J99960</p>

14. Fig: 28 -Neerkuri

11.18 NEIKKURI

Features of Oil-on urine sign	Male	Female	Total	Percentage
Vatham	1	0	1	3.3%
Pitham	9	8	17	56.7%
Vathapitham	2	0	2	6.7%
Pithavatham	0	2	2	6.7%
Pithakabam	3	2	5	16.7%
Kabapitham	1	2	3	10.0%

Table: 30- Neikkuri

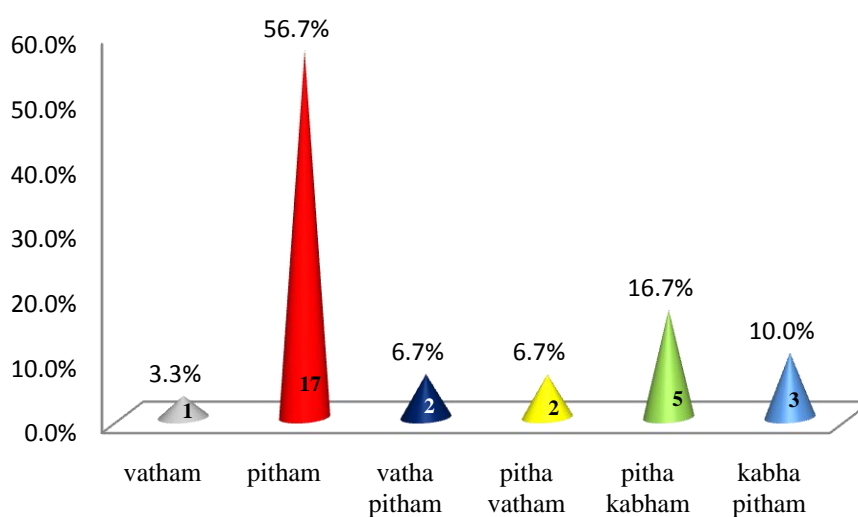


Fig: 29 - Neikkuri


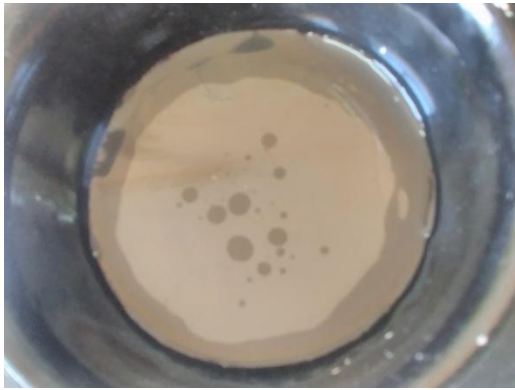




Observation:

Among 30 cases, 17 (56.7%) of cases showed pitham type of neikuri pattern, 2 (6.7%) of cases showed pitha kabam, 3 (10%) of cases showed kaba Pitham, 6.7% of cases showed vatha pitham and pitha vatham, 1 (3.3%) of case showed vatham.

Inference:

Pitham type of neikuri pattern is more in this study.

Fig: 30 – Neikkuri Shapes

 <p>OP No:K 02634 ROUND SHAPE</p>	 <p>OP No:J 99960 SIEVE PATTERN</p>
 <p>OP No: J97764 SNAKE PATTERN</p>	 <p>OP No: k 02189 LOTUS LEAF</p>
 <p>OP NO: E21120 SLOW SPREADING DISC</p>	 <p>OP NO: J 92952 FRUIT SHAPE</p>

11.19 MALAM

Name of the parameters –Niram		No of cases	Percentage %
Niram	Karuppu	0	0.0%
	Manjal	28	93.3%
	Sivappu	0	0.0%
	Veluppu	2	6.7%
Sikkal	Present	2	6.7%
	Absent	28	93.3%
Kalichal	Present	0	0.0%
	Absent	30	100.0%

Table: 31- Malam

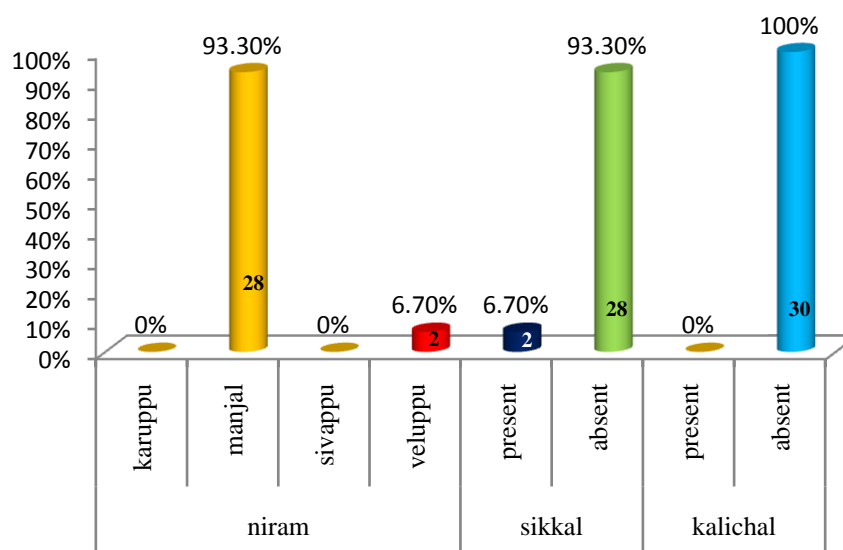


Fig: 31 -Malam

Observation:

Out of 30 cases, 28 (93.3%) of cases had yellow colour faeces, 2 (6.7%) of cases had pale yellow colour faeces, 2 (6.7%) of cases had constipation.

Inference:

In this study, majority of the cases had normal colour in faeces.

11.20 MANIKKADAI NOOL (WRIST CIRCUMETRIC SIGN)

Finger breadths	No of cases	Percentage %
8	1	3.3%
8.25	1	3.3%
8.5	2	6.7%
8.75	3	10.0%
9	7	23.3%
9.25	7	23.3%
9.5	1	3.3%
9.75	4	13.3%
10	4	13.3%

Table: 32- Manikkadai nool

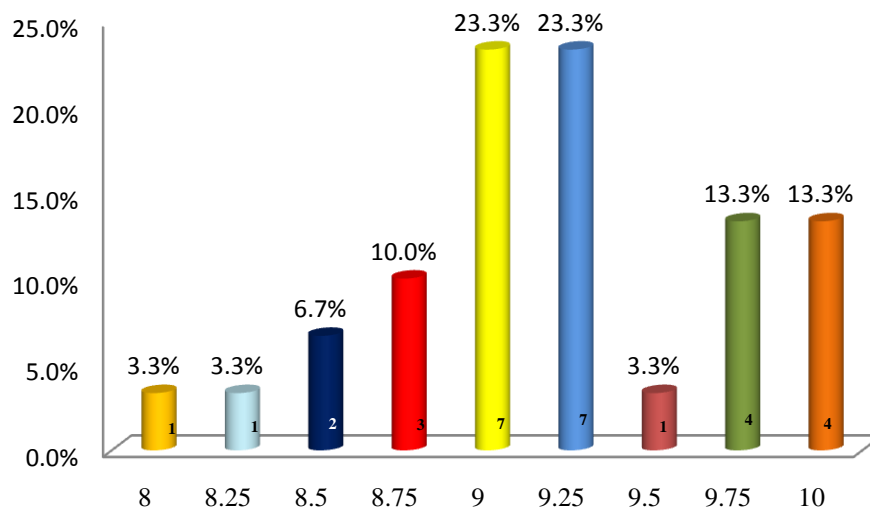


Fig: 32 -Manikkadai nool

Observation:

Out of 30 cases, 7 (23.3%) of cases had 9, 9 ¼ viralkadaialavu, 4 (13.3%) of cases had 9 ¾ viralkadaialavu, 3 (10%) of cases had 8 ¾ viralkadaialavu, 2 (6.7%) of cases had 8 ½ viralkadaialavu, 1 (3.3%) of case had 8, 8 ¼, 8 ½ viralkadaialavu.

Inference:

In manikkadai nool study, 7(23.3%) of cases had 9, 9 ¼ viralkadaialavu in this examination. Majority of the cases were 9, 9½ finger breadth in Manikadai nool. As per siddha Literature, there is no indication for Thetthuru kuttam. 2 cases (6.7 %) had 8½ fbs and 3 cases (10%) had 8¾ fbs, According to sage Agasthiyar soodamani kayaru soothiram to manikkadai measures between 8½ -8¾ fbs, it indicates prognosis of kuttam and skin disease due to toxins.

VIZHI & NAA EXAMINATION

Normal eye



Normal tongue



Pallor eye



Coated tongue



Black spotted tongue

ALLIED PARAMETERS - TABLE SHOWS LABORATORY INVESTIGATION REPORT

SL.NO	OP/IP no	Age	Sex	Height (cms)	Weight (kg)	Temperature	HR	RR	PR	BP	BMI	Systemic illness	Habits	Diet history
1	J 77401	42	M	162	82	98.3F	70	19	69	130/80	31.2	NIL	Nil	Mixed
2	J22472	37	F	148	62	98.2F	67	18	67	130/80	28.3	NIL	Nil	Mixed
3	J51792	24	M	172	60	98.4F	70	19	69	110/80	20.3	NIL	Nil	Mixed
4	J450382	36	F	157	72	98.4F	68	16	68	110/80	29.2	NIL	Nil	Mixed
5	J66968	24	F	153	58	98.3F	65	17	63	110/70	24.8	NIL	Nil	Mixed
6	J24193	34	F	154	65	98.4F	64	20	64	110/70	27.4	NIL	Nil	Mixed
7	J84017	21	M	166	85	98.4F	69	17	69	110/80	30.8	NIL	Nil	Mixed
8	J77207	30	M	154	52	93.4F	72	17	72	110/80	21.9	NIL	Nil	Mixed
9	J86137	33	M	162	72	98.4F	72	25	72	120/70	22.9	NIL	Nil	Mixed
10	J56069	32	F	177	75	98.4F	68	19	68	110/80	23.9	NIL	Nil	Veg
11	J97534	21	F	158	47	98.4F	63	19	63	110/70	18.8	NIL	Nil	Mixed
12	J96272	40	M	173	80	98.4F	70	18	70	120/80	26.7	NIL	Nil	Mixed
13	J89984	32	F	154	60	98.4F	63	18	63	120/80	25.3	NIL	Nil	Mixed
14	J95043	50	F	144	54	97.8F	63	17	63	110/70	26	NIL	Nil	NV
15	I20049	32	M	170	65	98.4F	73	20	73	120/80	22.5	NIL	Nil	Mixed
16	K02189	28	M	172	70	96F	72	19	72	120/80	23.7	NIL	Nil	Mixed
17	J67730	33	M	170	76	95F	71	18	71	120/80	26.3	NIL	Nil	Mixed
18	J98168	20	F	179	70	94.8F	62	18	62	120/80	21.8	NIL	Nil	Mixed
19	K02634	29	M	175	68	98.4F	76	17	76	120/70	22.2	NIL	Nil	Mixed
20	J99960	25	F	175	69	94.7F	74	19	74	110/80	22.5	NIL	Nil	Mixed
21	J97764	29	M	162	64	95.2F	64	16	64	120/80	24.4	NIL	Nil	Mixed
22	J67368	45	M	168	85	98.4F	77	19	77	120/70	30.1	NIL	smoker,Alcoholic	Veg
23	J72321	28	F	154	47	95.6F	76	16	76	110/70	19.8	NIL	Nil	Mixed
24	J92952	28	F	161	60	98.4F	63	17	63	110/70	23.1	NIL	Nil	Mixed
25	J70122	28	M	165	60	98.4F	74	17	74	120/80	22	NIL	Nil	Mixed
26	k08052	29	F	159	56	97.2F	73	17	73	100/70	22.2	NIL	nil	NV
27	K00955	38	F	149	56	98.4F	75	19	75	100/70	25.2	NIL	nil	NV
28	E021120	45	M	165	65	94.8f	73	18	73	110/80	23.9	NIL	Alcoholic	NV
29	k14783	43	F	146	65	98.4F	73	18	73	110/80	30.5	NIL	nil	NV
30	K09570	40	M	162	97	98.4F	72	18	72	120/80	37	NIL	Alcoholic	NV

ALLIED PARAMETERS – TABLE SHOWS LABORATORY INVESTIGATION REPORT

Sl. No	OP/IP No	TC	DC%			Hb gms %	ESR		Blood sugar		CHOLESTEROL			TGL	BLOOD UREA	SERUM CREATININ E	Urine			Special Investigation	
			P	L	Mixed		30 min	60 min	F	PP	Sr.CHO L	HDL	LD L				albumin	sugar	deposits	A.E.C CELLS / CUMM	Serum IG E
1	J77401	9400	78	20	2	12.9	-	-	130	162	119	33	78	90	10	0.8	NIL	Nil	2-3 PUS CELLS,2-3 EPI	349	158.84 IU/ML
2	J22472	12,300	71	27	2	13.7	-	-	110	-	138	54	84	91	15	0.8	nil	Nil	1-2pus cell,1-2epi	268	349.9 ku/l
3	J51792	12,100	67	27	6	17.1	-	-	80	90	120	49	73	58	13	0.9	NIL	Nil	4-6PUS CELL, 3-5 EPI	540	205 IU/ML
4	J45038	5900	50	48	2	11.9	6	14	91	103	142	51	85	103	17	0.7	NIL	Nil	2-4PUS CELL,,2-4EPI	69	275.0IU/ML
5	J66968	9500	70	26	4	8.5	26	52	81	103	122	44	75	113	11	0.7	NIL	Nil	4-6PUS CELL,1-2EPI	540	91.7IU/ML
6	J24193	900	58	35	7	14	10	20	-	104	195	54	98	109	12	0.8	NIL	Nil	2-5 PUS CELL,1-2EPI	299	56.7IU/ML
7	J84017	6600	55	43	2	16.9	2	4	94	88	98	100	-	26	19	1.2	NIL	NIL	1-2pus cell,1-2epi	400	229.4IU/ML
8	J77207	8700	78	20	2	12.6	-	-	104	128	187	51	23	115	12	0.6	NIL	NIL	4-6PUS CELL,1-3EPI	102	133.10IU/ML
9	J86137	10,900	55	40	5	16.7	2	4	97	112	162	44	99	168	18	1.1	NIL	NIL	1-2PUSCELL,1-2EPI	166	995.30IU/ML
10	J56069	6600	47	44	7	12.9	14	36	65	85	232	51	22	110	19	0.9	NIL	Nil	1-2PUS CELL,4-5EPI	528	328.30IU/ML
11	J97534	1,900	50	47	3	7.2	20	42	87	104	110	46	50	66	12	0.7	NIL	Nil	1-2pus cell,1-2epi	266	26.10IU/ML
12	J96272	5,400	68	29	3	15.4	2	4	102	120	154	44	99	203	20	0.9	NIL	Nil	2-4PUS CELL,,2-4EPI	-	304.70 IU/ML
13	J89984	10,100	68	28	4	11.9	4	10	99	113	145	46	75	63	16	0.8	nil	Nil	3-4puscell,1-2epi	-	470IU/ML
14	J95043	8900	67	30	-	11.1	20	44	110	182	239	56	133	197	6	0.9	NIL	Nil	1-2PUSCELL,1-2EPI	99	658 IU/ML
15	I20049	6,00	67	30	3	14.9	2	4	87	77	120	42	71	107	22	1	NIL	NIL	3-5PUSCELL,1-2EPI	-	282 IU/ML
16	K02189	5,600	63	35	2	15.1	10	22	89	112	127	39	74	73	15	0.9	NIL	NIL	1-2PUSCELL,1-2EPI	62	407.3 IU/ML
17	J67734	6900	66	32	2	14.7	6	14	101	102	181	37	114	242	22	1.1	NIL	NIL	1-2PUSCELL,3-4EPI	69	924.6 IU/ML
18	J98168	6,800	53	42	5	15.8	2	4	99	82	96	30	54	53	12	1	NIL	Nil	3-5PUSCELL,1-2EPI	-	155.3 IU/ML
19	K02634	5300	-	-	-	16	-	-	-	79	187	-	-	242	20	0.9	NIL	Nil	-	212	246.2 IU/ML
20	J99960	4100	52	46	2	14	10	20	104	94	120	42	68	55	14	1	NIL	Nil	1-2PUSCELL,1-2EPI	55	163.9 IU/ML
21	J97764	4700	54	40	6	14.6	12	26	99	121	168	47	91	70	21	1	NIL	Nil	1-2PUSCELL,1-2EPI	112	1039 IU/ML
22	J67368	9,800	71	25	4	14.6	-	-	-	94	204	40	120	314	-	-	NIL	Nil	4-6PUSCELL,4-6EPI	166	-
23	J72321	8500	62	35	3	11.6	2	6	93	92	148	54	90	57	16	0.8	NIL	Nil	1-2PUSCELL,1-2EPI	88	29.28 IU/ML
24	J92952	7,200	62	34	4	12.6	40	80	-	92	189	47	125	160	12	0.8	NIL	NIL	1-2PUSCELL,3-5EPI	-	46 IU ML
25	J70122	7,900	71	23	6	9.8	4	10	85	115	215	44	147	122	17	1.5	NIL	Nil	3-5PUSCELL,1-2EPI	133	332.0 IU/ML
26	K08052	7,400	61	37	2	11.8	30	62	92	105	216	47	123	150	13	1	NIL	NIL	-	80	1667.7 IU/ML
27	K00955	6600	63	35	2	10.1	-	-	-	108	137	33	73	186	10	0.8	NIL	nil	2-4PUSCELL,2-4EPI	30-Mar	-
28	E021120	7,800	61	35	4	15.9	2	10	92	100	170	48	113	62	15	0.9	NIL	nil	2-4PUSCELL,2-4EPI	82	130.5 IU/ML
29	K14783	9,400	51	43	6	10.4	-	-	105	168	190	42	111	135	10	0.7	NIL	nil	3-5PUSCELL,2-4EPI	192	-
30	K09570	5,800	60	36	4	14.3	5	12	132	-	198	34	137.2	134	24	0.8	NIL	nil	2-4PUSCELL1-2EPI	-	-

ENVAGAI THERVU (EIGHT FOLD EXAMINATION)

SL. NO	OP/IP No	Naadi							Naa					Niram	Mozhi	Vizhi				Mei Kuri		
		Kalam	Desam	Vayathu	Udal Vanmai	vanmai	panbu	Naadi nadai	Maa Padithal	Niram	Suvai	Vedippu	Vai neer			Niram	Kanner	Erichal	Peelai	Veppam	Viyarvai	Thodu Vali
1	J77401	Munpani	Veppam	34-66	Iyalbu	Menmai	Thannadai	PK	Absent	Manjal	Normal	Absent	Normal	Manjal	Sama oli	Veluppu	Normal	Absent	Absent	Mitham	Normal	Absent
2	J22472	Munpani	Veppam	34-66	Iyalbu	vanmai	Thannadai	PK	Absent	Manjal	Normal	Absent	Normal	Veluppu	Sama oli	Veluppu	Normal	Absent	Absent	Mitham	Normal	Absent
3	J51792	Munpani	Veppam	Jan-33	Iyalbu	Menmai	Thannadai	VP	Absent	Manjal	NOrmal	Absent	Normal	Karuppu	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
4	J45038	Munpani	Veppam	34-66	Iyalbu	Menmai	Thannadai	Pk	Present	Veluppu	Normal	Absent	Normal	Manjal	Sama oli	Veluppu	Normal	Absent	Absent	Mitham	Normal	Absent
5	J66968	Munpani	Veppam	Jan-33	Melivu	Menmai	Thannadai	PK	Absent	Manjal	Inippu	Absent	Normal	Manjal	thazhantha oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Present
6	J24193	Munpani	Veppam	34-66	Iyalbu	vanmai	Kuthithal	pk	Absent	Manjal	Normal	Absent	Normal	Manjal	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
7	J84017	Munpani	Veppam	Jan-33	Iyalbu	vanmai	Kuthithal	PK	Absent	Manjal	Normal	Absent	Normal	Karuppu	Sama oli	Normal	Normal	Absent	Absent	Mitham	Normal	Absent
8	J77207	Munpani	Veppam	Jan-33	Melivu	Menmai	Thannadai	PV	Present	Manjal	Normal	Present	Normal	Karuppu	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
9	J86137	Munpani	Veppam	Jan-33	Iyalbu	Menmai	Thannadai	PK	Present	Manjal	Normal	Absent	Normal	Veluppu	Sama oli	Karuppu	Normal	Absent	Absent	Mitham	Normal	Absent
10	J56069	Munpani	Veppam	Jan-33	Iyalbu	vanmai	Kuthithal	pk	Absent	Manjal	Normal	Present	Normal	Manjal	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
11	J97534	Munpani	Veppam	Jan-33	Melivu	Menmai	Thannadai	PK	Absent	Veluppu	Normal	Absent	Normal	Manjal	Sama oli	Veluppu	Normal	Absent	Absent	Mitham	Normal	Absent
12	J96272	Munpani	Veppam	34-66	Iyalbu	vanmai	Thannadai	pk	Absent	Manjal	Normal	Present	Normal	Karuppu	Sama oli	Manjal	Normal	present	Absent	Mitham	Normal	Absent
13	J89984	Munpani	Veppam	Jan-33	Iyalbu	vanmai	Thannadai	vk	Absent	Veluppu	Normal	Absent	Normal	Karuppu	Urattha oli	Manjal	Normal	present	Absent	Mitham	Normal	Absent
14	J95043	PINPANI	Veppam	34-66	valivu	Menmai	kuthithal	pk	Absent	Manjal	Normal	Absent	Normal	Manjal	thazhantha oli	Manjal	Normal	present	Absent	Mitham	Normal	Absent
15	I20049	Munpani	Veppam	Jan-33	Melivu	vanmai	Thannadai	pk	Absent	Manjal	Normal	Absent	Normal	Manjal	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
16	K02189	PINPANI	Veppam	Jan-33	valivu	vanmai	Thannadai	pk	Absent	Manjal	Normal	Absent	Normal	Manjal	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
17	J67730	Munpani	Veppam	Jan-33	Iyalbu	vanmai	Thannadai	pk	Present	Manjal	Normal	Absent	Normal	Manjal	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
18	J98168	Munpani	Veppam	Jan-33	Iyalbu	vanmai	Thannadai	PV	Absent	Manjal	Normal	Absent	Normal	Karuppu	Sama oli	Manjal	Normal	Absent	Peelai	Mitham	Normal	Absent
19	K02634	Munpani	Veppam	Jan-33	valivu	vanmai	Thannadai	PV	Absent	Manjal	Normal	Absent	Normal	Manjal	thazhantha oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
20	J99960	Munpani	Veppam	Jan-33	Iyalbu	vanmai	Thannadai	vp	Absent	Manjal	Normal	Absent	Normal	Karuppu	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
21	J97764	PINPANI	Veppam	Jan-33	Iyalbu	vanmai	Kuthithal	vp	Absent	Manjal	Normal	Absent	Normal	Karuppu	Sama oli	Manjal	Normal	present	Absent	Mitham	Normal	Absent
22	J67368	PINPANI	Veppam	34-66	Iyalbu	vanmai	Thannadai	PV	Present	Manjal	Normal	Absent	Normal	Manjal	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
23	J72321	PINPANI	Veppam	Jan-33	valivu	Menmai	Thannadai	pk	Absent	Manjal	Normal	Present	Normal	Manjal	Sama oli	Veluppu	Normal	Absent	Absent	Mitham	Normal	Absent
24	J92952	PINPANI	Veppam	Jan-33	Melivu	vanmai	Thannadai	pk	Absent	Manjal	Normal	Absent	Normal	Karuppu	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
25	J70122	PINPANI	Veppam	Jan-33	valivu	vanmai	Thannadai	pk	Absent	Manjal	Normal	Present	Normal	Manjal	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Present
26	K08052	Munpani	Veppam	Jan-33	valivu	Menmai	Thannadai	pv	Absent	Veluppu	Normal	Absent	Normal	Karuppu	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Present
27	K00955	PINPANI	Veppam	34-66	valivu	Menmai	Thannadai	pv	Absent	karuppu	Normal	Absent	Normal	Manjal	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
28	E021120	PINPANI	Veppam	34-66	valivu	vanmai	Thannadai	pv	Absent	Manjal	Normal	Absent	Normal	Karuppu	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
29	K14783	PINPANI	Veppam	34-66	valivu	Menmai	Thannadai	PV	Absent	Veluppu	Normal	Absent	Normal	Manjal	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent
30	K09570	PINPANI	Veppam	34-66	Iyalbu	vanmai	Thannadai	pv	Absent	Manjal	Normal	Absent	Normal	Manjal	Sama oli	Manjal	Normal	Absent	Absent	Mitham	Normal	Absent

ENVAGAI THERVU (EIGHT FOLD EXAMINATION)

SL. NO	OP/IP No	Malam						Moothiram					Neikkuri				Yakkai ilakkanam	Manikadai nool
		Niram	Sikkal	Siruthal	Kazhichal	Seetham	Vemmai	Neer Kuri										
								Colour	Manam	Edai	Alavu	Nurai	at the moment	first minute	third minute	tenth minute(7-10Minutes)		
1	J77401	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.025	Normal	Absent	Coin	Round	Round	Salladai	PK	9
2	J22472	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.025	Normal	Absent	Coin	Round	Round	Round	PV	91/4
3	J51792	Manjal	Absent	Absent	Absent	Absent	Absent	Dark yellow	Ammoniacal	1.01	Normal	Absent	Coin	Round	Round	Round	PV	8
4	J45038	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.02	Normal	Absent	Coin	Round	Round	Round	PK	10
5	J66968	Velluppu	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.025	Normal	Absent	Coin	Round	Salladai	Salladai	PV	91/4
6	J24193	Manjal	Constipation	Absent	Absent	Absent	Absent	Orange	Ammoniacal	1.025	Normal	Absent	coin	Round	Round	Round	PK	93/4
7	J84017	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.025	Normal	Absent	Coin	Round	Round	Round	KP	91/2
8	J77207	Velluppu	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.025	Normal	Absent	Coin	Round	Round	Round	VP	91/4
9	J86137	Manjal	Absent	Absent	Absent	Absent	Absent	Pale yellow	Ammoniacal	1.01	Normal	Absent	Pearl	Coin	Round	Round	PV	93/4
10	J56069	Manjal	Absent	Absent	Absent	Absent	Absent	Orange	Ammoniacal	1.025	Normal	Present	Coin	Round c serpentine	Round	Round	PV	91/4
11	J97534	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.015	Normal	Absent	Round	Round	Round	Round	PV	81/2
12	J96272	Manjal	Absent	Absent	Absent	Absent	Absent	yellow	Ammoniacal	1.01	Normal	Absent	Round	Round	Round	Round	KP	9
13	J89984	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.025	Normal	Present	Round	Round	Round	Round	PV	10
14	J95043	Manjal	Absent	Absent	Absent	Absent	Absent	Colourless	Ammoniacal	1.015	Normal	Absent	Coin	Coin	Round	Round	VP	83/4
15	I20049	Manjal	Absent	Absent	Absent	Absent	Absent	Pale yellow	Ammoniacal	1.025	Normal	Absent	Coin	Coin	Round	Round	Pv	91/4
16	K02189	Manjal	Absent	Absent	Absent	Absent	Absent	Dark yellow	Ammoniacal	1.009	Normal	Absent	Coin	Coin	Round	Round	PV	91/4
17	J67730	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.025	Normal	Absent	Pearl	Coin	Round	Salladai	PK	10
18	J98168	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.025	Normal	Absent	Coin	Round	Round	Round	VP	83/4
19	K02634	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.01	Normal	Present	Round	Round	Round	Salladai	PV	9
20	J99960	Manjal	Present	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.01	Normal	Absent	Round	Round	Salladai	Salladai	VP	93/4
21	J97764	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.015	Normal	Absent	Round	Round	Serpentine fashion	Serpentine fashion	VP	93/4
22	J67368	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.015	Normal	Present	Pearl	Coin	Round	Round	pk	9
23	J72321	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.025	Normal	Absent	Pearl	Coin	Round	Round	PV	9
24	J92952	Manjal	Constipation	Absent	Absent	Absent	Absent	Pale yellow	Ammoniacal	1.015	Normal	Absent	Round	Round	round	Round	pv	91/4
25	J70122	Manjal	Absent	Absent	Absent	Absent	Absent	Pale yellow	Ammoniacal	1.015	Normal	Absent	Round	salladai	Salladai	Salladai	PV	10
26	K08052	Manjal	Absent	Absent	Absent	Absent	Absent	Pale yellow	Ammoniacal	1.015	Normal	Absent	Round	Round	Salladai	Salladai	pv	81/2
27	J00955	Manjal	Absent	Absent	Absent	Absent	Absent	Pale yellow	Ammoniacal	1.02	Normal	Absent	Coin	Round	Round	Round	PV	81/4
28	E021120	Manjal	Absent	Absent	Absent	Absent	Absent	Yellow	Ammoniacal	1.02	Normal	Absent	Coin	salladai	Salladai	Salladai	PK	9
29	K14783	Manjal	Absent	Absent	Absent	Absent	Absent	Pale yellow	Ammoniacal	1.005	Oliguria	Absent	Pearl	Coin	Round	Round	PV	83/4
30	K09570	Manjal	Absent	Absent	Absent	Absent	Absent	Orange	Ammoniacal	1.03	Normal	Absent	Round	Round	Round	Round	PK	9

ENVAGAI THERVU (EIGHT FOLD EXAMINATION)

SL. NO	OP/IP No	Imporigal	Kan menthiram	Gunam	Uyir Thathukkal			Udal Thaathukkal							vali migu gunam	azhal migu gunam	iyya migu gunam	Noitru Kalam	Noitru Nilam
								saaram	Chenneer	oon	kozhippu	enbu	moolai	sukkilam					
					Vali	Azhal	Iyyam												
1	J77401	Affected	Normal	Rajo	Normal	Affected	Affected	Normal	Decreased	Normal	Normal	Normal	Normal	Normal	Absent	Present	Present	Kuthirkaalam	Marutham
2	J22472	Affected	Affected	Rajo	Affected	Affected	Affected	Increased	Decreased	Decreased	Normal	Decreased	Normal	Normal	Present	Present	Present	Kuthirkaalam	Marutham
3	J51792	Affected	Affected	Rajo	Affected	Affected	Affected	Decreased	Decreased	Normal	Normal	Normal	Normal	Normal	Absent	Present	Absent	Pinpani	Marutham
4	J45038	Affected	Normal	Rajo	Normal	Affected	Affected	Normal	Increased	Decreased	Normal	Normal	Normal	Normal	Absent	Present	Absent	Karkaalam	Marutham
5	J66968	Affected	Affected	Rajo	Affected	Affected	Affected	Decreased	Decreased	Decreased	Normal	Decreased	Normal	Normal	Present	Present	Present	Karkaalam	Marutham
6	J24193	Affected	Normal	Rajo	Normal	Affected	Affected	Decreased	Increased	Normal	Normal	Normal	Normal	Normal	Absent	Present	Absent	Karkaalam	Marutham
7	J84017	Affected	Normal	Rajo	Normal	Affected	Affected	Normal	Normal	Normal	Normal	Normal	Increased	Normal	Present	Present	Present	Karkaalam	Marutham
8	J77207	Affected	Normal	Rajo	Normal	Affected	Affected	Decreased	Decreased	Normal	Normal	Normal	Normal	Normal	Present	Present	Absent	Munpani	Marutham
9	J86137	Affected	Normal	Rajo	Normal	Affected	Affected	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Present	Present	Absent	Kuthirkaalam	Marutham
10	J56069	Affected	Normal	Rajo	Normal	Affected	Affected	Decreased	Decreased	Normal	Normal	Normal	Normal	Normal	Present	Present	Present	Ilavanirkaalam	Marutham
11	J97534	Affected	Normal	Rajo	Normal	Affected	Affected	Increase	normal	Normal	Increase	Normal	Normal	Normal	Present	Present	Absent	Munpani	Marutham
12	J96272	Affected	Normal	Rajo	Normal	Affected	Affected	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Present	Present	Absent	Munpani	MULLAI
13	J89984	Affected	Normal	Rajo	Normal	Affected	Affected	Normal	Normal	Decreased	Normal	Normal	Normal	Normal	Present	Present	Present	Munpani	Marutham
14	J95043	Affected	Normal	Rajo	Normal	Affecteddd	Affected	Decreased	Normal	Normal	Normal	Normal	Normal	Normal	Absent	Present	Absent	Karkaalam	Marutham
15	I20049	Affected	Normal	Rajo	Normal	Affected	Affected	Decreased	Decreased	Normal	Normal	Normal	Normal	Normal	Present	Present	Present	Karkaalam	Marutham
16	K02189	Affected	Normal	Rajo	Normal	Affected	Affected	Normal	Normal	Decreased	Normal	Normal	Normal	Normal	Present	Present	Present	Ilavanirkaalam	Marutham
17	J67730	Affected	Normal	Rajo	Normal	Affected	Affected	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Absent	Present	Absent	Munpani	Marutham
18	J98168	Affected	Normal	Rajo	Normal	Affected	Affected	Normal	Decreased	Normal	Normal	Normal	Normal	Normal	Present	Present	Absent	Munpani	Marutham
19	K02634	Affected	Affected	Rajo	Affected	Affected	Affected	Increased	Decreased	Normal	Increase	Normal	Normal	Normal	Present	Present	Present	Munpani	Marutham
20	J99960	Affected	Normal	Rajo	Normal	Affected	Affected	Increased	Normal	Normal	Normal	Normal	Normal	Normal	Present	Absent	Absent	Munpani	Marutham
21	J97764	Affected	Affected	Rajo	Affected	Affected	Affected	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Present	Present	Absent	Karkaalam	Marutham
22	J67368	Affected	Affected	Rajo	Affected	Affected	Affected	Normal	Normal	Decreased	Normal	Normal	Increased	Normal	Present	Present	Present	Munpani	Marutham
23	J72321	Affected	Affected	Rajo	Normal	Affected	Affected	Decreased	Decreased	Normal	Normal	Normal	Normal	Normal	Present	Present	Present	Munpani	Marutham
24	J92952	Affected	Affected	Rajo	Affected	Affected	Affected	Normal	Decreased	Decreased	Normal	Normal	Normal	Normal	Present	Present	Absent	Ilavanirkaalam	Marutham
25	J70122	Affected	Affected	Rajo	Normal	Affected	Affected	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Present	Present	Present	Munpani	Marutham
26	K08052	Affected	Affected	Rajo	Normal	Affected	Affected	Decreased	Decreased	Decreased	Increased	Normal	Normal	Normal	Present	Present	Present	Munpani	Marutham
27	K00955	Affected	Affected	Rajo	Normal	Affected	Affected	Decreased	Decreased	Decreased	Normal	Normal	Normal	Normal	Present	Present	Absent	Karkaalam	marutham
28	E021120	Affected	Normal	Rajo	Normal	Affected	Affected	Increased	Increased	Decreased	Increased	Normal	Normal	Normal	Present	Present	Present	pinpani	marutham
29	K14783	Affected	Affected	Rajo	Normal	Affected	Affected	Increased	Decreased	Decreased	Normal	Normal	Increased	Normal	Present	Present	Present	pinpani	marutham
30	K09570	Affected	Affected	Rajo	Affected	Affected	Affected	Normal	Normal	Decreased	Normal	Normal	Normal	Normal	Present	Present	Present	pinpani	marutham

NAME : MR. PRABHAKARAN
PIN : AND17270002758
AGE/GENDER : 32 Year(s)/Male
REFERRED BY : Dr.SARASWATHY MULTISPECIALITY HOSPITALS
CLIENT NAME : SARASWATHY MULTI SPECIALITY HOSPITALS
SAMPLE NO : 271702923
COLLECTED ON : 09/08/2017 02:05 PM
RECEIVED ON : 09/08/2017 03:13 PM
REPORTED ON : 09/08/2017 04:42 PM
REPRINT DATE : 09/08/2017 05:29 PM

Test	Obtained Value	Units	Bio.Ref.Intervals
IMMUNOASSAY			
Total IgE, serum (Serum&Blood,ECLIA)	924.6	IU/mL	0.0-100.0

-- End of Report --

Name : P0197658 **Mrs. SUJATHA (32/F)**

SID.No.: **003285**

Ref.by : **CHENNAI LABORATORY.**

Sample Dt: 13/02/2018

Report Dt: 13/02/2018

Time : 17:29:37

Page No : 1

Test	Result	Reference Value
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LABORATORY REPORT

Sample collected and sent

BLOOD - IMMUNOLOGY

IGE

Method : CLIA

: 470.00 IU/ml


0 - 1 Year : 0.0 - 15 IU/ml

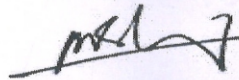
1 - 5 Years : 0.0 - 60 IU/ml

6 - 9 Years : 0.0 - 90 IU/ml

10 - 15 Years: 0.0 - 200 IU/ml

15 Years & Above : 0.0 - 100 IU/ml


P. Kalidasan. M.Sc., M.L.T.,
Lab Incharge


Dr. M. BALAMURUGAN. M.D., (PATHO)
Consultant Pathologist

* End Of Report *

SREE METRO
diagnostic centre



HITECH DIAGNOSTIC CENTRE

The Extra Care Lab

No.935, GKS Tower, Poonamallee High Road, Purasawalkam, Chennai - 600 084



An ISO 9001 : 2015
Certified Organisation

Patient : P0401204 **Mr. DHANASEKAR.M (29/M)**

SID.No. : **003697**

Branch : **MYLAPORE**

Referrer : **Dr. SATHYA**

Ph : 9094035046

SID Date : 13/02/2018

Reg Time : 07:24:12

Report Date : 13/02/2018

Report Time : 10:58:45

Page Number : 1 / 1

Final report

Test	Result	Biological Reference Interval
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TEST REPORT

BLOOD - IMMUNOLOGY

IGE

Specimen : serum

Method : ECLIA

: 1039.00 IU/ml

Neonates : 0.0 - 1.5 IU/ml

0 - 1 Year : 0.0 - 15 IU/ml

1 - 5 Years : 0.0 - 60 IU/ml

6 - 9 Years : 0.0 - 90 IU/ml

10 - 15 Years : 0.0 - 200 IU/ml

15 Years & Above : 0.0 - 100 IU/ml

DR. SP. GANESAN. MBBS., DCP.,

*** End Of Report ***

" Our Kilpauk Lab Serves You Round The Clock "

Dr. SP. Ganesan, MBBS, DCP, eMBA
Medical Director

Dr. Radhi Lawrence, AB (path)
Chief Pathologist

Dr. Priya, MD
Consultant Microbiologist

Mrs. Malini Parasuraman, M.Sc, M.phil
Chief of Lab Services

a Unit of Dr. Ganesan's Hitech Diagnostic Centre Pvt. Ltd.

P.T.O

REPORT

Name : Mr.DILIPAN KARTHICK

Age/Sex : 28 Years / Male

Ref.By : NATIONAL INSTITUTE OF SIDDHA

Sample No : 35493

SID Date : 23/02/2018

Rpt Date : 23/02/2018

FINAL TEST REPORT

TEST NAME	RESULTS/UNITS	REFERENCE VALUE
IMMUNOLOGY		
IMMUNOGLOBULIN IgE	: 407.3 IU/mL	0 - 1 Year : 0.0 - 15 IU/ml 1 - 5 Years : 0.0 - 60 IU/ml 6 - 9 Years : 0.0 - 90 IU/ml 10 - 15 Years: 0.0 - 200 IU/ml 15 Years & Above : 0.0 - 100 IU/ml
Method : Chemiluminescence		

End of Report

S. Rajesh

S. Rajesh

Sr.Lab Manager

LAB TECHNOLOGIST



Refer to conditions of reporting overleaf

**Referred Test

Results relate only to the sample as received

The Laboratory is a regular participant of Internal and External Assurance Programmes with Randox (UK) & CMC (Vellore)

Wellcare



WELLCARE DIAGNOSTIC LABORATORY

(Fully Computerized Laboratory & ECG Centre) email : wellcaremudichur@gmail.com website : www.wellcarediagnosticlab.in

An ISO 9001:2015 Certified Laboratory

Head office : No.2/349, Aravind Complex,(Near Citi Union Bank), Mudichur Road, Mudichur, Chennai - 48.

Branch Office : No. 2/448A, Lakshmi Nagar, Mudichur Road, (Opp to Honda Show Room) Chennai - 48.

Diagnostic

FOR HOUSE COLLECTION CALL : 9941406246 / 9444746246 / 22760706

12. DISCUSSION

Thetthuru Kuttam is described by Sage Yugi in Yugi vaithya cinthamani and may be correlated with Urticaria. The author had screened 60 patients with complaints of erythematous skin lesion with itching in the outpatient Department of The National Institute of Siddha. Among those 60 cases, 30 cases were enrolled in the study and observed for signs and symptoms.

Distribution of cases by Age group:

Out 30 cases, 18 cases (60 %) fell under the group of 1-33 yrs, 12 cases (40%) fell under the group of 34 – 66yrs. This study majority of the patients (90%) fell in the 1 – 33 yrs (Kabam) age group. Younger age group patients reported more in NIS for the study condition. And no reporting was recorded in elderly age group. This shows that the prevalence of *Thetthuru Kuttam* is most in men of adolescent 25+ age categories.

Distribution of cases by Diet:

Out of 30 cases, 2 cases (6.7%) of them were vegetarian, 28 cases (93.3%) of them were Non vegetarian. Most of them were non vegetarians because non vegetarians are more prevalent in general population. Non-vegetarian diet which is considered as thamogunam food seems to alter the body, mind and soul. This disease is more prevalent in people taking high protein non vegetarian diet such as (chicken, egg, fish, prawn, meat, milk).

Distribution of cases by Iymporigal:

Out of 30 cases, All of them had affected Mei in Iymporigal. It is resulting in itching and erythematous skin lesion all over the body.

Distribution of cases by Iympulangal:

Out of 30 cases, 8 cases (26.7%) numbness present in upper limb and lower limb, Hence thoduthal is affected.

Distribution of cases by Paruvukaalam:

Out of 30 cases, 13 cases (43.3%) were affected in munpani kaalam, 8 cases (26.7%) were affected in Kaarkaalam, 4 cases (13.3%) were affected in pinpani kaalam, 3 cases (10.0%) were affected in Ilavenir kaalam, 2 cases (6.7%) were affected

in kuthirkaalam. Majority of cases had their disease started in munpani kaalam (Early winter). It is inferred that the evening dew which occurs in December and January (Markazhi, Thai)

As per Siddha marutthuvanga surukkam literature sage, According to during this season, mankind will be in hale and healthy. However, the skin shrinks, goose skin occurs owing to snow fall and the wind. The pores of the hairs will be closed. Hence the inner body temperature increases and appetite is more. If there is no proper intake of food the Udhana vayu destroys the seven physical constituents, This cause related diseases. It is more over correlate to some of the symptoms of *Thetthuru Kuttam* such as itching, erythematous skin lesion which may be due to the affected Pitham and Kabam during this season.

Distribution of cases by Clinical features:

Out of 30 cases, all of them had erythematous skin lesion and itching, 19 cases (63.3%) had generalized oedema, and 8 cases (26.7%) had numbness. All of the patients had erythematous skin lesion and itching. Roughly half of the patients had numbness.

In this study the cases were included as per the symptoms given in Siddha literature. Even nowa days the same symptoms were reported by the patients in outpatient department of National Institute of Siddha.

Distribution of cases by IgE level:

Out of 30 cases, majority of the cases has increased IgE level in blood investigation. The immunological basis of hypersensitivity is the cytotropic IgE antibody. IgE increases the cell permeability and leads to degranulation, releasing biologically active substances like histamine into skin. It stimulates sensory nerves, producing burning, itching sensation, flare and wheal formation.

Distribution of cases by Uyir Thathukkal:

Derangement in Vatha kutram

Out of 30 cases, 8 cases (26.7%) had deranged viyanan, 5 cases (16.7%) had deranged uthanan, 3 cases (10%) had deranged abanan, 1 case (3.3%) had deranged koorman. Viyanan is affected because unable to perform regular activities. Samanan is responsible for neutralization of other 4 vatham. It affected because derangement of other vatham. The Devathathan produce tiredness of the body.

Derangement in Pitha kutram

Out of 30 cases, all of them had deranged prasagam, 4 cases (13.3%) had deranged ranjagam, 3 cases (10%) had deranged analam, 1 case (3.3%) had deranged alosagam. The components of pitham connected with activeness, acuity of vision, haemopoietic activity are affected. Since, prasagam is involved in skin texture, the presentation of erythematous skin lesion suggest that pitham is affected.

Derangement in Kaba kutram:

Out of 30 cases, 20 cases (66.7%) had deranged santhigam, 1 case (3.3%) had deranged tharpagam. The components of kabam connected with joints and cooling of eyes are said to be affected, Since, santhigam is involved in joints and tharpagam is involved in cooling of eyes and structures present in head. The presentation of joint pain and burning sensation of eyes suggests that it is affected.

Distribution of cases by Udal Thathukkal:

Out of 30 cases, 16 cases (56.7%) had deranged senneer, 17 cases (53.3%) had deranged saaram, 12 cases (40.0%) had deranged oon, 4 cases (13.3%) had deranged koluppu, 3 cases (10.0%) had deranged moolai, 2 cases (6.7%) deranged enbu. Seneer and Saaram were affected in about half of the cases. In senneer (migu gunam) erythematous skin lesion is one of the symptoms occur, which is one the main symptom of Thethuru kuttam. So it may be significant in this study

Distribution of cases by Nilai:

Out of 30 cases, 16 cases (53.3%) had Iyalbunilai (normal), 9 cases (30.0%) had Valivunilai (robust), 5 cases (16.75%) had Melivunilai (lean). Majority of the study patients were of Iyalbu (normal) body built.

Distribution of cases by Naadi:

Out of 30 cases, 18 cases (60%) had Vanmai character and 12 cases (40%) had menmai character in naadi nithanam. Out of 30 cases, 17 cases (56.7%) had Naadi nadai of Pitha kabam. 9 cases (30%) had Naadi nadai of Pitha vatham. 3 cases (10%) had Naadi nadai of Vaatha pitham and 1 case (3.3%) had Naadi nadai of Vaatha kabam. As per the literature, in Sathaga naadi kabam, pitham, vatha kabam naadi represents the various symptoms of Thethuru kuttam. symptoms of patients with kaba naadi and vadha

kaba naadi includes paleness in the skin lesion and numbness, pitha naadi includes in generalized oedema.

In this study majority of cases presented with Pitha kaba naadi it is not correlated to the symptoms in literature. It is not significant due to low sample size.

Distribution of cases by Naa

Out of 30 cases, 24 cases (80%) had normal tongue, 5 cases (17%) had pale tongue, and 1 case (3.3%) had black tongue. In this study majority of the cases (80%) had normal tongue and (17%) had pale tongue. In this study majority of cases had normal tongue and no significant altered sense of taste is noted.

Distribution of cases by Thegiyin niram:

Out of 30 cases, 17 cases (56.7%) were of yellowish complexion, 11 cases (36.7%) were of dark complexion, 2 cases (6.7%) were of pale complexion. Majority of cases were Yellowish complexion. From this study it is concluded that yellowish complexion may prone, so this is not more significant in this study. In this study majority of the cases were reported in yellow complexion. No specific inference made out in this study from the examination of niram.

Distribution of cases by Mozhi:

Out of 30 cases, 26 cases (86.7%) had (Sama Oli) middle pitched voice, 3 cases (10%) had (Thazhantha Oli) low pitched voice, 1 case (3.3%) had (Urattha Oli) high pitched voice. In this study majority of cases had middle pitched voice.

Distribution of cases by Malam:

Out of 30 cases, 28 cases (93.3%) had yellow colour faeces, 2 cases (6.7%) had pale yellow colour faeces, 2 cases (6.7%) had constipation. In this study, majority of the cases had normal colour in faeces.

Distribution of cases by Neerkuri:

Out of 30 cases, 19 cases (63.3%) had yellow colored urine and 7 cases (23.3%) had pale yellow colored urine, 3 cases (10%) had orange colored urine. All of the patients had ammoniacal smell in urine. 29 cases (96.7%) had normal volume of urine, 1 case (3.3%) had Oliguria. 93.3% had normal specific gravity, 1 case (3.3%) had High

specific gravity and 1 case (3.3%) had low specific gravity. Among 30 cases, all the cases (100%) had normal deposits in urine, normal density in urine and no froth present in urine.

Distribution of cases by Neikuri:

Among 30 cases, 17cases (56.7%) showed pitham (Mothiram) type of neikurri pattern, 5 cases (16.7%) showed pithakabham (Mothirathil muthu), 3 cases(10%) showed kabhapitham (Muthil mothiram),2 cases (6.7%) showed vathapitham (Aravil mothiram) and pithavatham (Mothirathil aravanam), 1 case (3.3%) showed vatham (Aravanam). Pitham (Mothiram) type of neikurri pattern is more in this study. In this study majority of cases presented with pitham in Neikkuri which may be due to the affected kutram.

Distribution of cases by Manikkadai nool:

Out of 30 cases, Each of 7 cases (23.3%) had $9, 9\frac{1}{2}$ viral kadaialavu, 4 cases (13.3%) had $9\frac{3}{4}$ viral kadaialavu, 3 cases (10%) had $8\frac{3}{4}$ viral kadaialavu, 2 cases (6.7%) had $8\frac{1}{2}$ viral kadaialavu, Each of the case (3.3%) had 8, $8\frac{1}{4}$, $8\frac{1}{2}$ viral kadaialavu.

Majority of the cases were $9, 9\frac{1}{2}$ finger breadth in Manikkadai nool. As per siddha literature, there is no indication for Thetthuru kuttam. 2 cases (6.7 %) had $8\frac{1}{2}$ fbs and 3 cases (10%) had $8\frac{3}{4}$ fbs, According to Agasthiyar soodamani kayaru soothiram to manikkadai measures between $8\frac{1}{2}$ - $8\frac{3}{4}$ fbs, it indicates prognosis of kuttam and skin disease due to toxins. Therefore the patients with the range of $8\frac{1}{2}$ - $8\frac{3}{4}$ wrist circumetric finger breadth may be referred to have a predilection to develop Thetthuru kuttam. Such people may be advised to follow the precautionary steps to avoid the development of *Thetthuru Kuttam* as a preventive measure.

13. SUMMARY AND CONCLUSION

Thetthuru kuttamis is a clinical entity described by Sage Yugi in his wisdom. This place of description is found in Yugi Vaithiya Chinthamani-800 a treatise by Sage Yugi. This clinical entity was described by him as one among the 18 types under the heading Kuttam disease.

The study was aimed at delving in depth into the clinical features mentioned under Thetthuru Kuttam and to structure the Siddha diagnostic methods and prognosis of Thetthuru Kuttam. Thus the study conducted has come out with excellent results validating the clinical features of Thetthuru Kuttam elucidated in a succinct poetic capsule by Sage Yugi.

The objective of the study was to evolve a set of exclusive Siddha diagnostic findings for Thetthuru Kuttam. With the observation and inference of various parameters like Naadi, Disease acquired season, Manikkadai Nool, Neikkuri, Duration of illness, it can be concluded that all of them point to the development or vitiation of Pitha humour leading to the disease Thetthuru Kuttam.

Duration of illness observed in the study suggested that Thetthuru Kuttam tends to run a prolonged course. Manikkadai Nool results suggested a very slender range (9 – 9.1/4fbs) for Thetthuru Kuttam in majority (23.33%) of the study patients. So, with all the symptomatology and the observed results one can diagnose this study clinical entity as Thetthuru Kuttam with confidence.

The Manikkadai nool and Neikkuri findings may help in identifying the preponderance in a person to develop Thetthuru Kuttam. hence, it can be used as a screening measure to advise the preventive measures well in advance.

The patients with symptom of Thetthuru Kuttam mentioned by Yugi, confirmed with majority of symptom mentioned in the modern literature of Urticaria. Thus this study has validated the symptomatology elucidated by Sage Yugi and matched it with that of a disease – Urticaria, classified as per International standards.

The analogy made in this study between these two topics given in two different systems of medicines has clearly established that both the entities are one and the same for all practical purposes.

Hence this study concludes that the investigatory tools used in the modern medicine for Urticaria may also be used to diagnose the *Thetthuru kuttam*.

14. BIBLIOGRAPHY

- Yugi vaithiya sinthamani-800, Editor –S.P.Ramachandran, 1st Edition.
- Tamil- English dictionary, T.V.Sambasivam pillai based on IMS, All(I-IV)
- Piramma Muni vaithiya soothiram pakam -11, Editor -Dr.K.Maruthamuthu , 2nd Edition .
- Anupoga vaithiya thevaragasiyam 4th pakam, Editor -B.Rattina nayagar andsans 2014.
- Special medicine in Siddha, Editor –Dr.R.Thiagarajan, 1st edition.
- Thirumular,s Ashtanga Yoga, Editor- Dr . Asana Andiappan Ph.D, 1st edition 2004.
- Noi naadal noi muthal naadal thirattu pakam- 1& 11, Editor- Dr.m.sanmugavelu, H.B. M, 3rd Edition .
- Siddha maruthuvam Pothu, Editor- Dr. K.N.kuppusamy muthaliyar,6th Edition.
- Siddha Sirappu maruthuvam , Editor- Dr.R.Thiagarajan, 3rd editin 2008.
- Noi Illaneri , Editor- Dr.K. Dhurairasan 3rd edition 1993.
- Siddha maruthuvanga surukkam , Editor- Dr. K .S.Uthamarayan 3rd 2003.
- Gray's Anatomy –(the anatomical basis of clinical practice) ,Editor- In –chief susan standring PHD DSC, Editor- thirty-eighth 1999.
- Essentials of medical physiology ,Editor- K .Sembalingam Prema sembalingam ,edition 4th 2008.
- Text book of pediatric dermatology,Editor-Arun C Inamadar, Aparna palit,. S Ragunatha ,edition 2nd 2014.
- Clinical medicine ,Editor- Parveen Kumar Michael Clark, 1st edition 1987.
- Pediatric dermatology ,editor-Daniel P ,Krowchuk, Anthony J, Mancini, MD,FAAP First Indian editin 2010.
- Comprehensive dermatology and sexually transmitted disease, Editor-Ramji Gupta edition 2010.
- Andrew's disease of the skin clinical dermatology, Editor- Willian D James, Timothy G Berger,Dirk M ELSTON 10th edition 2009.
- Text book of dermatology, Editor- Ramji Gupta 3rd edition 2011.

- Davidson's Principles and Practice of medicine ,Editor- Christopher haslett Edwin R Chilvers Nvcholas A .Boon Nickir. Colledge International editor John A.A .Hunter, 19th edition 2002.
- Clinical dermatology, Editor- Ramesh Chandra gharami 2nd edition.

Articles from Web:

- Indian journal of dermatology, Editor-sudha yadav, Amitabh Upadhyay, AK Bajaj , Edition – year :2006| volume: 51| Issue:3| Page: 171-177.

**A STUDY ON SYMPTOMATOLOGY AND DIAGNOSTIC
METHODOLOGY OF THETTHURU KUTTAM**

FORM I - SCREENING AND SELECTION PROFORMA

1. O.P.No _____ 2. I.P No _____ 3. Bed No: _____ 4. S.No: _____

5. Name: _____ 6. Age (years): 7. Gender: M ☐ F ☐ T ☐

8. Occupation: _____ 9. Income: _____

10. Address: _____

11. Contact Nos: _____

12. E-mail : _____

13. Whether taken any other medication for the same disease previously YES ☐ NO ☐

If yes,
Name of the medicines :

Duration :

If resorted to Siddha medicine for the treatment of YES ☐ NO ☐
‘Thetthuru kuttam’

Reasons for resorting to Siddha medicine :

	YES	NO
(a) Cost effectiveness :	<input type="checkbox"/>	<input type="checkbox"/>
(b) No side effects in Siddha medicine :	<input type="checkbox"/>	<input type="checkbox"/>
(c) Dissatisfaction with the previous treatment :	<input type="checkbox"/>	<input type="checkbox"/>

INCLUSION CRITERIA

	YES	NO
1. Age 18-60	<input type="checkbox"/>	<input type="checkbox"/>
2. Circumscribed erythematous skin lesion	<input type="checkbox"/>	<input type="checkbox"/>
3. Pallor in the skin lesion	<input type="checkbox"/>	<input type="checkbox"/>
4. Itching	<input type="checkbox"/>	<input type="checkbox"/>
5. Curling of hair	<input type="checkbox"/>	<input type="checkbox"/>
6. Numbness	<input type="checkbox"/>	<input type="checkbox"/>
7. Generalised oedema	<input type="checkbox"/>	<input type="checkbox"/>

Patients who were had fulfilled any four symptoms in the criteria had been included in the study.

EXCLUSION CRITERIA

	YES	NO
1. Any Major systemic illness	<input type="checkbox"/>	<input type="checkbox"/>
2. Vulnerable group	<input type="checkbox"/>	<input type="checkbox"/>
3. Eczema	<input type="checkbox"/>	<input type="checkbox"/>

Date:

P.G Scholar

Faculty

FORM II - HISTORY PROFORMA

1. Sl.No of the case: _____

2. Name: _____ Height: _____ cms Weight: _____ Kg

3. Age (years): _____ DOB

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D D M M Y E A R

4. Educational Status:

1) Illiterate ☐ 2) Literate ☐ 3) Student ☐ 4) Graduate/Postgraduate ☐

5. Nature of work:

1) Sedentary work ☐
2) Field work with physical labour ☐
3) Field work Executive ☐

6. Complaints and Duration:

7. History of present illness:

8. History of Past illness:

	1. Yes	2. No
Systemic hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Ischemic heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Dyslipidaemia	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Bronchial asthma	<input type="checkbox"/>	<input type="checkbox"/>
Any drug allergy	<input type="checkbox"/>	<input type="checkbox"/>

Any surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Any major illnesses	<input type="checkbox"/>	<input type="checkbox"/>

9.Habits:

	1. Yes	2. No
Smoker	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholic	<input type="checkbox"/>	<input type="checkbox"/>
Drug Addiction	<input type="checkbox"/>	<input type="checkbox"/>
Betel nut chewer:	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>

DIET HISTORY

Type of diet	V	<input type="checkbox"/>	NV	<input type="checkbox"/>
--------------	---	--------------------------	----	--------------------------

VEGETARIAN FOODS

1. Yes

2. No

Sweets/Salt/Bitter/Sour/Astringent/Spicy

Ice creams	<input type="checkbox"/>	<input type="checkbox"/>
Junk foods	<input type="checkbox"/>	<input type="checkbox"/>

NON VEGETARIAN FOODS

Chicken	<input type="checkbox"/>	<input type="checkbox"/>
Prawn	<input type="checkbox"/>	<input type="checkbox"/>
Meat	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>
Crab	<input type="checkbox"/>	<input type="checkbox"/>

DRINKS

Soft drinks

☐☐

10. Personal history:

Marital status: Married ☐ Unmarried ☐

No. of children: Male: _____ Female: _____

Socio economic status:

11. Family history:

History of Thetthuru kuttam Yes No
☐ ☐

Others:

12. Menstrual & Obstetric history:

Age at menarche:

Duration of the menstrual cycle:

Flow:

Colour:

Nature:

Constancy of cycle duration: Regular ☐ Irregular ☐

Gravida ☐ Para ☐ Living ☐ Abortion ☐ Death ☐

13. General Etiology for “Thetthuru Kuttam”

	Yes	No
1. <input type="checkbox"/> Food Allergy	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/> Allergic to drugs	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/> Infection	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="checkbox"/> Psychological stress	<input type="checkbox"/>	<input type="checkbox"/>

14. Clinical Symptoms of “Thetthuru Kuttam”

	Yes	No
1. Age 18-60	<input type="checkbox"/>	<input type="checkbox"/>
2. Circumscribed erythematous skin lesion	<input type="checkbox"/>	<input type="checkbox"/>
3. Pallor in the skin lesion	<input type="checkbox"/>	<input type="checkbox"/>
4. Itching	<input type="checkbox"/>	<input type="checkbox"/>
5. Curling of hair	<input type="checkbox"/>	<input type="checkbox"/>
6. Numbness	<input type="checkbox"/>	<input type="checkbox"/>
7. Generalised oedema	<input type="checkbox"/>	<input type="checkbox"/>

Date :

P.G Student

Faculty

**A STUDY ON THE SYMPTAMATOLOGY AND DIAGNOSTIC
METHODOLOGY OF THETTHURU KUTTAM
FORM III - CLINICAL ASSESSMENT**

1. Serial No: _____

2. Name: _____

3. Date of birth:

--	--

--	--

--	--	--	--

D D M M Y E A R

4. Age: _____ years

5. Date: _____

GENERAL EXAMINATION:

1. Height: _____ cms. BMI _____ (Weight Kg/ Height m²)

2. Weight (kg):

3. Temperature (°F):

4. Pulse rate:

5. Heart rate:

6. Respiratory rate:

7. Blood pressure:

8. Pallor:

9. Jaundice:

10. Cyanosis:

11. Lymphadenopathy:

12. Pedal edema:

13. Clubbing:

14. Jugular vein pulsation

EXAMINATION

1. Inspection
2. Palpation
3. Percussion
4. Auscultation

VITAL ORGANS EXAMINATION

	1. Normal	2. Affected	
1. Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Brain	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Liver	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Spleen	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

SYSTEMIC EXAMINATION:

1. Cardio Vascular System _____
2. Respiratory System _____
3. Gastrointestinal System _____
4. Central Nervous System _____
5. Uro genital System _____
6. Endocrine System _____

I. NAADI (KAI KURI) (RADIAL PULSE READING)

(a) Naadi Nithanam (Pulse Appraisal)

1. Kalam (Pulse reading season)

- | | | | |
|-------------------------------------|--------------------------|--------------------------------------|--------------------------|
| 1. Kaarkaalam
(Rainy season) | <input type="checkbox"/> | 2. Koothirkaalam
(Autumn) | <input type="checkbox"/> |
| 3. Munpanikaalam
(Early winter) | <input type="checkbox"/> | 4. Pinpanikaalam
(Late winter) | <input type="checkbox"/> |
| 5. Ilavenirkaalam
(Early summer) | <input type="checkbox"/> | 6. Muthuvenirkaalam
(Late summer) | <input type="checkbox"/> |

2. Desam (Climate of the patient's habitat)

- | | | | |
|-------------------------|--------------------------|--------------------|--------------------------|
| 1. Kulir
(Temperate) | <input type="checkbox"/> | 2. Veppam
(Hot) | <input type="checkbox"/> |
|-------------------------|--------------------------|--------------------|--------------------------|

- | | | | | | | |
|------------------|------------|--------------------------|-------------|--------------------------|-----------|--------------------------|
| 3. Vayathu (Age) | 1. 1-33yrs | <input type="checkbox"/> | 2. 34-66yrs | <input type="checkbox"/> | 3. 67-100 | <input type="checkbox"/> |
|------------------|------------|--------------------------|-------------|--------------------------|-----------|--------------------------|

4. Udal Vanmai (General body condition)

- | | | | | | |
|------------------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|
| 1. Iyyalbu
(Normal built) | <input type="checkbox"/> | 3. Valivu
(Robust) | <input type="checkbox"/> | 4. Melivu
(Lean) | <input type="checkbox"/> |
|------------------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|

5. Vanmai (Expansile Nature)

- | | | | |
|-----------|--------------------------|-----------|--------------------------|
| 1. Vanmai | <input type="checkbox"/> | 2. Menmai | <input type="checkbox"/> |
|-----------|--------------------------|-----------|--------------------------|

6. Panbu (Habit)

- | | | | | | |
|-------------------------------|--------------------------|-------------------------------|--------------------------|-----------------------------|--------------------------|
| 1. Thannadai
(Playing in) | <input type="checkbox"/> | 2. Puranadai
(Playing out) | <input type="checkbox"/> | 3. Illaitthal
(Feeble) | <input type="checkbox"/> |
| 4. Kathithal
(Swelling) | <input type="checkbox"/> | 5. Kuthithal
(Jumping) | <input type="checkbox"/> | 6. Thullal
(Frisking) | <input type="checkbox"/> |
| 7. Azhutthal
(Ducking) | <input type="checkbox"/> | 8. Padutthal
(Lying) | <input type="checkbox"/> | 9. Kalatthal
(Blending) | <input type="checkbox"/> |
| 10. Munnokku
(Advancing) | <input type="checkbox"/> | 11. Pinnokku
(Flinching) | <input type="checkbox"/> | 12. Suzhalal
(Revolving) | <input type="checkbox"/> |
| 13. Pakkamnokku
(Swerving) | <input type="checkbox"/> | | | | |

(b) Naadi nadai (Pulse Play)

- | | | | | | |
|---------------|--------------------------|----------------|--------------------------|---------------|--------------------------|
| 1. Vali | <input type="checkbox"/> | 2. Azhal | <input type="checkbox"/> | 3. Iyyam | <input type="checkbox"/> |
| 4. Vali Azhal | <input type="checkbox"/> | 5. Azhal Vali | <input type="checkbox"/> | 6. Iyya Vali | <input type="checkbox"/> |
| 7. Vali Iyyam | <input type="checkbox"/> | 8. Azhal Iyyam | <input type="checkbox"/> | 9. Iyya Azhal | <input type="checkbox"/> |

II.NAA (TONGUE)

- | | | | | |
|---------------------------------------|----------------------|--------------------------|-----------------------|--------------------------|
| 1. Maa Padinthuruthal
(Coatedness) | 1. Present | <input type="checkbox"/> | 2. Absent | <input type="checkbox"/> |
| 2. Niram
(Colour) | 1. Karuppu
(Dark) | <input type="checkbox"/> | 2. Manjal
(Yellow) | <input type="checkbox"/> |
| | | | 3. Velluppu
(Pale) | <input type="checkbox"/> |
| 3. Suvai
(Taste sensation) | 1. Pulippu
(Sour) | <input type="checkbox"/> | 2. Kaippu
(Bitter) | <input type="checkbox"/> |
| | | | 3. Inippu
(Sweet) | <input type="checkbox"/> |
| 4. Vedippu
(Fissure) | 1. Absent | <input type="checkbox"/> | 2. Present | <input type="checkbox"/> |
| 5. Vai neer oorai
(Salivation) | 1. Normal | <input type="checkbox"/> | 2. Increased | <input type="checkbox"/> |
| | | | 3. Reduced | <input type="checkbox"/> |

III.NIRAM (COMPLEXION)

- | | | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|
| 1. Karuppu
(Dark) | <input type="checkbox"/> | 2. Manjal
(Yellowish) | <input type="checkbox"/> | 3. Velluppu
(Fair) | <input type="checkbox"/> |
|----------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|

IV. MOZHI (VOICE)

- | | | | | | |
|---------------------------------|--------------------------|----------------------------------|--------------------------|------------------------------------|--------------------------|
| 1. Sama oli
(Medium pitched) | <input type="checkbox"/> | 2. Urattha oli
(High pitched) | <input type="checkbox"/> | 3. Thazhantha oli
(Low pitched) | <input type="checkbox"/> |
|---------------------------------|--------------------------|----------------------------------|--------------------------|------------------------------------|--------------------------|

V. VIZHI (EYES)

- | | | | | |
|---|----------------------|--------------------------|------------------------|--------------------------|
| 1. Niram (Venvizhi)
(Discolouration) | 1. Karuppu
(Dark) | <input type="checkbox"/> | 2. Manjal
(Yellow) | <input type="checkbox"/> |
| | 3. Sivappu
(Red) | <input type="checkbox"/> | 4. Velluppu
(White) | <input type="checkbox"/> |
| | 5. No Discoloration | <input type="checkbox"/> | | |

2. Kanneer (Tears) 1.Normal ☐ 2. Increased ☐ 3.Reduced ☐
3. Erichchal (Burning sensation) 1.Present ☐ 2. Absent ☐
4. Peelai seruthal (Mucus excrements) 1.Present ☐ 2. Absent ☐

VI. MEI KURI (PHYSICAL SIGNS)

1. Veppam (Warmth) 1. Mitham (Mild) ☐ 2. Migu (Moderate) ☐ 3. Thatpam (Low) ☐
2. Viyarvai (Sweat) 1. Increased ☐ 2. Normal ☐ 3. Reduced ☐
3. Thodu vali (Tenderness) 1. Absent ☐ 2. Present ☐

VII. MALAM (STOOLS)

1. Niram (Color) 1. Karuppu (Dark) ☐ 2. Manjal (Yellowish) ☐
3. Sivappu (Reddish) ☐ 4. Velluppu (Pale) ☐
2. Sikkal (Constipation) 1. Present ☐ 2. Absent ☐
3. Sirutthal (Poorly formed stools) 1. Present ☐ 2. Absent ☐
4. Kalichchal (Loose watery stools) 1. Present ☐ 2. Absent ☐
5. Seetham (Watery and mucoid excrements) 1. Present ☐ 2. Absent ☐
6. Vemmai (Warmth) 1. Present ☐ 2. Absent ☐
7. History of habitual constipation 1. Present ☐ 2. Absent ☐
8. Passing of a) Mucous 1. Yes ☐ 2. No ☐
- b) Blood 1. Yes ☐ 2. No ☐

VIII. MOOTHIRAM (URINE)

(a) NEER KURI (PHYSICAL CHARACTERISTICS)

1. Niram (colour)

(Colourless)	<input type="checkbox"/>	Milky purulent	<input type="checkbox"/>	orange	<input type="checkbox"/>
Red	<input type="checkbox"/>	Greenish	<input type="checkbox"/>	dark brown	<input type="checkbox"/>
Bright red	<input type="checkbox"/>	Black	<input type="checkbox"/>	Brown red or yellow	<input type="checkbox"/>

2. Manam (odour)

	Yes	No
Ammonical	: <input type="checkbox"/>	<input type="checkbox"/>
Fruity	: <input type="checkbox"/>	<input type="checkbox"/>
Others	:	_____

3. Edai (Specific gravity)

	Yes	No
Normal (1.010-1.025)	: <input type="checkbox"/>	<input type="checkbox"/>
High Specific gravity (>1.025)	: <input type="checkbox"/>	<input type="checkbox"/>
Low Specific gravity (<1.010)	: <input type="checkbox"/>	<input type="checkbox"/>
Low and fixed Specific gravity (1.010-1.012):	<input type="checkbox"/>	<input type="checkbox"/>

4. Alavu (volume)

	Yes	No
Normal (1.2-1.5 lt/day)	: <input type="checkbox"/>	<input type="checkbox"/>
Polyuria (>2lt/day)	: <input type="checkbox"/>	<input type="checkbox"/>
Oliguria (<500ml/day)	: <input type="checkbox"/>	<input type="checkbox"/>

5. Nurai (froth)

	Yes	No
Clear	: <input type="checkbox"/>	<input type="checkbox"/>
Cloudy	: <input type="checkbox"/>	<input type="checkbox"/>

6. Enjal (deposits)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

(b) NEI KURI

- | | | | |
|---|--------------------------|--|--------------------------|
| 1. Aravam
(Serpentine fashion) | <input type="checkbox"/> | 2. Mothiram
(Ring) | <input type="checkbox"/> |
| 3. Muthu
(Pearl beaded appear) | <input type="checkbox"/> | 4. Aravil Mothiram
(Serpentine in ring fashion) | <input type="checkbox"/> |
| 5. Aravil Muthu
(Serpentine and Pearl patterns) | <input type="checkbox"/> | 6. Mothirathil Muthu
(Ring in pearl fashion) | <input type="checkbox"/> |
| 7. Mothirathil Aravam
(Ring in Serpentine fashion) | <input type="checkbox"/> | 8. Muthil Aravam
(Pearl in Serpentine fashion) | <input type="checkbox"/> |
| 9. Muthil Mothiram
(Pearl in ring fashion) | <input type="checkbox"/> | 10. Asathiyam
(Incurable) | <input type="checkbox"/> |
| 11. Mellena paraval
(Slow spreading) | <input type="checkbox"/> | 12. others: _____ | |

[2]. MANIKADAI NOOL (Wrist circummetric sign) : _____ fbs

[3]. IYMPORIGAL /IYMPULANGAL

(Penta sensors and its modalities)

- | | 1. Normal | 2. Affected |
|-------------------------|--------------------------|--------------------------|
| 1. Mei (skin) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vaai (Mouth/ Tongue) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Kan (Eyes) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Mookku (Nose) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Sevi (Ears) | <input type="checkbox"/> | <input type="checkbox"/> |

[4]. KANMENTHIRIYANGAL /KANMAVIDAYANGAL

(Motor machinery and its execution)

- | | 1. Normal | 2. Affected |
|---------------------------|--------------------------|--------------------------|
| 1. Kai (Hands) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Kaal (Legs) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Vaai (Mouth) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Eruvai (Analepy) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Karuvaai (Birth canal) | <input type="checkbox"/> | <input type="checkbox"/> |

[5]. YAKKAI (SOMATIC TYPES)

Vatha constitution	Pitha constitution	Kaba constitution
Lean and lanky built <input type="checkbox"/>	Thin covering of bones and joints by soft tissue <input type="checkbox"/>	Plumpy joints and limbs <input type="checkbox"/>
Hefty proximities of limbs <input type="checkbox"/>	Always found with warmth, sweating and offensive body odour <input type="checkbox"/>	Broad forehead and chest <input type="checkbox"/>
Cracking sound of joints on walking <input type="checkbox"/>	Wrinkles in the skin <input type="checkbox"/>	Sparkling eyes with clear sight <input type="checkbox"/>
Dark and thicker eye lashes <input type="checkbox"/>	Red and yellow admixed complexion <input type="checkbox"/>	Lolling walk <input type="checkbox"/>
Dark and light admixed complexion <input type="checkbox"/>	Easily suffusing eyes due to heat and alcohol <input type="checkbox"/>	Immense strength despite poor eating <input type="checkbox"/>
Split hair <input type="checkbox"/>	Sparse hair with greying <input type="checkbox"/>	High tolerance to hunger, thirst and fear <input type="checkbox"/>
Clear words <input type="checkbox"/>	Intolerance to hunger, thirst and heat <input type="checkbox"/>	Exemplary character with good memory power <input type="checkbox"/>
Scant appetite for cold food items <input type="checkbox"/>	Inclination towards perfumes like sandal <input type="checkbox"/>	More liking for sweet taste <input type="checkbox"/>
Poor strength despite much eating <input type="checkbox"/>	Slender eye lashes <input type="checkbox"/>	Husky voice <input type="checkbox"/>
Loss of libido <input type="checkbox"/>	Pimples and moles are plenty <input type="checkbox"/>	
In generosity <input type="checkbox"/>		
Sleeping with eyes half closed <input type="checkbox"/>		

RESULTANT SOMATIC TYPE: _____

[6] GUNAM1. Sathuva Gunam ☐2. Rajo Gunam ☐3. Thamo Gunam ☐**[7] UYIR THATHUKKAL****A. VALI****1. Normal****2. Affected**1. Praanan
(Heart centre) ☐ ☐2. Abaanan
(Matedial of muladhar centre) ☐ ☐3. Samaanan
(Navel centre) ☐ ☐4. Udhaanan
(Forehead centre) ☐ ☐5. Viyaanan
(Throat centre) ☐ ☐6. Naahan
(Higher intellectual function) ☐ ☐7. Koorman
(Air of yawning) ☐ ☐8. Kirukaran
(Air of salivation) ☐ ☐9. Devathathan
(Air of laziness) ☐ ☐10. Dhananjeyan
(Air that acts on death) ☐ ☐**B. AZHAL****1. Normal****2. Affected**1. Anala pittham
(Gastric juice) ☐ ☐2. Prasaka pittham
(Bile) ☐ ☐

- | | | |
|---|--------------------------|--------------------------|
| 3. Ranjaka pittham
(Haemoglobin) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Aalosaka pittham
(Aqueous Humour) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Saathaka pittham
(Life energy) | <input type="checkbox"/> | <input type="checkbox"/> |

C. IYYAM

- | | 1. Normal | 2. Affected |
|---------------------------------------|--------------------------|--------------------------|
| 1. Avalambagam
(Serum) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Kilethagam
(saliva) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Pothagam
(lymph) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tharpagam
(cerebrospinal fluid) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Santhigam
(Synovial fluid) | <input type="checkbox"/> | <input type="checkbox"/> |

[8] UDAL THATHUKKAL

INCREASED SAARAM (CHYLE)		DECREASED SAARAM(CHYLE)	
Loss of appetite	<input type="checkbox"/>	Loss weight	<input type="checkbox"/>
Excessive salivation	<input type="checkbox"/>	Tiredness	<input type="checkbox"/>
Loss of perseverance	<input type="checkbox"/>	Dryness of the skin	<input type="checkbox"/>
Excessive heaviness White musculature	<input type="checkbox"/>	Diminished activity of the sense organs	<input type="checkbox"/>
Cough, dysponea, excessive sleep	<input type="checkbox"/>		
Weakness in all joints of the body	<input type="checkbox"/>		

A. SAARAM: INCREASED ☐ DECREASED ☐

INCREASED CENNEER(BLOOD)	DECREASED CENNEER(BLOOD)
Boils in different parts of the body <input type="checkbox"/>	Anemia <input type="checkbox"/>
Anorexia <input type="checkbox"/>	Tiredness <input type="checkbox"/>
Mental disorder <input type="checkbox"/>	Neuritis <input type="checkbox"/>
Splenomegaly <input type="checkbox"/>	Lassitude <input type="checkbox"/>
Colic pain <input type="checkbox"/>	Pallor of the body <input type="checkbox"/>
Increased pressure <input type="checkbox"/>	
Reddish eye and skin <input type="checkbox"/>	
Jaundice <input type="checkbox"/>	
Haematuria <input type="checkbox"/>	

B. CENNEER: INCREASED ☐ DECREASED ☐

INCREASED OON (MUSLE)	DECREASED OON (MUSLE)
Cervical lymphadenitis <input type="checkbox"/>	Impairment of sense organs <input type="checkbox"/>
Vernical ulcer <input type="checkbox"/>	Joint pain <input type="checkbox"/>
Tumour in face ,abdomen, thigh, genitalia <input type="checkbox"/>	Jaw, thigh and genitalia gets shortened <input type="checkbox"/>
Hyper muscular in the cervical region <input type="checkbox"/>	

C. OON: INCREASED ☐ DECREASED ☐

INCREASED KOZHUPPU (ADIPOSE TISSUE)	DECREASED KOZHUPPU (ADIPOSE TISSUE)
Cervical lymph adenitis <input type="checkbox"/>	Pain in the hip region <input type="checkbox"/>
Vernical ulcer <input type="checkbox"/>	Disease of the spleen <input type="checkbox"/>
Tumour in face, abdomen, thigh, genitalia <input type="checkbox"/>	
Hyper muscular in the cervical region <input type="checkbox"/>	
Dyspnoea <input type="checkbox"/>	
Loss of activity <input type="checkbox"/>	

D. KOZHUPPU: INCREASED ☐ DECREASED ☐

INCREASED ENBU (BONE)	DECREASED ENBU (BONE)
Growth in bones and teeth <input type="checkbox"/>	Bones diseases <input type="checkbox"/>
	Loosening of teeth <input type="checkbox"/>
	Nails splitting <input type="checkbox"/>
	Falling of hair <input type="checkbox"/>

E. ENBU: INCREASED ☐ DECREASED ☐

INCREASED MOOLAI (BONE MARROW)	DECREASED MOOLAI (BONE MARROW)
Heaviness of the body <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>
Swollen eyes <input type="checkbox"/>	Sunken eyes <input type="checkbox"/>
Swollen phalanges chubby fingers <input type="checkbox"/>	
Oliguria <input type="checkbox"/>	
Non healing ulcer <input type="checkbox"/>	

F. MOOLAI: INCREASED ☐ DECREASED ☐

INCREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)	DECREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)
Infatuation and lust towards women / men <input type="checkbox"/>	Failure in reproduction <input type="checkbox"/>
Urinary calculi <input type="checkbox"/>	Pain in the genitalia <input type="checkbox"/>

G. SUKKILAM/SURONITHAM: INCREASED ☐ DECREASED ☐

[9] MUKKUTRA MIGU GUNAM

I. Vali Migu Gunam

1. Present

2. Absent

- | | | |
|----------------------------|--------------------------|--------------------------|
| 1. Emaciation | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Complexion – blackish | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Desire to take hot food | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Shivering of body | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Abdominal distension | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Constipation | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Insomnia | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Weakness | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Defect of sense organs | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Giddiness | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Lack of interest | <input type="checkbox"/> | <input type="checkbox"/> |

II. Pitham Migu Gunam

1. Present

2. Absent

- | | | |
|--|--------------------------|--------------------------|
| 1. Yellowish discolouration of skin | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Yellowish discolouration of the eye | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Yellow coloured urine | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Yellowishness of faeces | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Increased appetite | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|------------------------------------|--------------------------|--------------------------|
| 6. Increased thirst | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Burning sensation over the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Sleep disturbance | <input type="checkbox"/> | <input type="checkbox"/> |

III. Kapham migu gunam

1. Present

2. Absent

- | | | |
|----------------------------------|--------------------------|--------------------------|
| 1. Increased salivary secretion | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Reduced activeness | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Heaviness of the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Body colour – fair complexion | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Chillness of the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Reduced appetite | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Eraippu | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Increased sleep | <input type="checkbox"/> | <input type="checkbox"/> |

[10]. NOIUTRA KALAM

- | | | | |
|-------------------------------------|--------------------------|---------------------------------------|--------------------------|
| 1. Kaarkaalam
(Aug15-Oct14) | <input type="checkbox"/> | 2. Koothirkaalam
(Oct15-Dec14) | <input type="checkbox"/> |
| 3. Munpanikaalam
(Dec15-Feb14) | <input type="checkbox"/> | 4. Pinpanikaalam
(Feb15-Apr14) | <input type="checkbox"/> |
| 5. Ilavanirkaalam
(Apr15-June14) | <input type="checkbox"/> | 6. Muthuvenirkaalam
(June15-Aug14) | <input type="checkbox"/> |

[11]. NOI UTRA NILAM

- | | | | | | |
|-------------------------------|--------------------------|-----------------------------|--------------------------|-------------------------|--------------------------|
| 1. Kurunji
(Hilly terrain) | <input type="checkbox"/> | 2. Mullai
(Forest range) | <input type="checkbox"/> | 3. Marutham
(Plains) | <input type="checkbox"/> |
| 4. Neithal
(Coastal belt) | <input type="checkbox"/> | 5. Paalai
(Desert) | <input type="checkbox"/> | | |

[12].Date of Birth

[13]. Time of Birth

AM

PM

[14]. Place of Birth:

**A STUDY ON THE SYMPTAMATOLOGY AND DIAGNOSTIC METHODOLOGY OF
THETTHURU KUTTAM
FORM-IV-LABORATORY INVESTIGATIONS**

1. O.P No: _____ Lab.No _____ Serial No _____

2. Name: _____

3. Date of birth :

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--	--

--	--	--	--

D D M M Y E A R

4. Age : _____ years

5. Date of assessment: _____

BLOOD

1. TC _____ Cells/cu mm

2. DC
P____% L____% E____% M____% B____%

3. Hb _____ gms%

4. ESR At 30 minutes _____ mm At 60 minutes _____mm

5. Blood Sugar-F_____mgs%

6. Blood Sugar-PP _____mg%

7. Serum Cholesterol _____mgs %

8. HDL _____ mgs%

9. LDL _____mgs%

10. Triglycerides _____mgs%

11. Blood Urea _____mgs%

12. Serum Creatinine _____mgs%

URINE

1. Neerkuri _____
2. Neikuri _____
3. Sugar F&PP _____
4. Albumin _____
5. Deposits _____

MOTION

1. Ova
2. Cyst
3. Occult blood

OTHER INVESTIGATION:

- 1. Absolute eosinophil count**
- 2. Serum IgM**

Date :

P.G Student

Lecturer

**A STUDY ON SYMPTOMATOLOGY AND DIAGNOSTIC
METHODOLOGY OF THETTHURU KUTTAM
FORM V - INFORMED WRITTEN CONSENT FORM**

Iexercising my free power of choice, hereby give my consent to be included as a subject in the diagnostic trial entitled “A study on“ THETTHURU KUTTAM”. I may be asked to give urine and blood samples during the study.

I have been informed about the study to my satisfaction by the attending investigator about the purpose of this trial, the nature of study and the laboratory investigations. I also give my consent to publish my study results in scientific conferences and reputed scientific journals for the betterment of clinical research.

The photographs taken in the study will be displayed only in scientific conference for the advancement of medical knowledge.

Signature /thumb impression of the Patient:

Date :

Name of the Patient:

Signature of the Investigator:

Date :

Head of the Department :

நோய் நாடல் துறை
தேசி ய சி த்த மருத்துவநி றுணம் சென்னை47.

“தேத்துரு குட்டம்” நோய்க்கிடைப்பாற்ற மற்றும் குறி குண்களைபற்றி ய ஓன் ஆன்
ஒப்தல் படிவம்

ஆறாறால் சான்றி க்கப்பட்டது

நான் - ந்த ஆறுவ குறி த்த ஂத்து விபரங்கையும் நோயாளிக்கு புரி யும் ஂவையி ல்
நெத்துரைத்தென்னஂறுதி யளிக்கி றேன்

தேதி :
- பம்

ஂவொப்பம் :
பெயர் :

நோயாளியி ன்ஒப்தல்

நான் _____ ஂறுறுய சதந்தி ரமாக
தேர்வுசெய்யும் ஂறி ஂவையக் ஂவொண்டு - ந்கு தவப்பி ப்பட்ட “தேத்துரு குட்டம்” நோயை
கிடைத்தற்கானமருத்துவ ஆறுவிற்கு ஂண்ணஂப்டுந்த ஒப்தல் ஂளிக்கி றேன்
ஂண்பம் - ந்தமருத்துவ ஆறுவ ஂன்காரஂறுதையும் மருத்துவ ஆறுவ
பரி சோதஂணஂபற்றி யும் தி ருந்தி ஂள்க்கும் ஂவையி ல் ஆறுமருத்துவரால் வின்கி க்
ஂறுப்பட்டது

- ந்த ஆறுவ ஂன்போது நெக்கப்டும் பஂஂப்பந்கள்மருத்துவ
ஂறி விபர ஂன்முஂஂஂறுத்தி ற்காக மட்டும் பஂஂஂஂஂப்டும் ஂனமருத்துவரால் வின்கி க்
ஂறுப்பட்டது

தேதி :
- பம்

ஂவொப்பம் :
பெயர் :

தேதி :
- பம்

சாட்சி க்காரர் ஂவொப்பம் :
பெயர் :
ஂறுறுறு :

**A STUDY ON SYMPTOMATOLOGY AND DIAGNOSTIC
METHODOLOGY OF THETTHURU KUTTAM
FORM VI - PATIENT INFORMATION SHEET**

PURPOSE OF RESEARCH AND BENEFITS:

The diagnostic research study in which your participation is proposed to assess the diagnostic methods in Siddha methodology in THETTHURU KUTTAM patients. Knowledge gained from this study would be of benefit to patients suffering from such conditions for the diagnosis and prognosis.

STUDY PROCEDURE:

You will be interviewed and examined as OP and IP patients at the study centre. At the first visit the physician will conduct a brief physical examination and assess the condition followed by Envagai thervu and routine blood and urine analysis. After matching the inclusion criteria you will be included in this study and you will be examined on the basis of Envagai thervu.

POSSIBLE RISK:

During this study there may be a minimum pain to you while drawing blood sample.

CONFIDENTIALITY:

Your medical records will be treated with confidentiality and will be revealed only to other doctors / scientists. The results of this study may be published in a scientific journal, but you will not be identified by your name.

YOUR PARTICIPATION AND YOUR RIGHTS:

Your participation in this study is voluntary and you may be withdrawn from this study anytime without having to give reasons for the same. You will be informed about the findings that occur during the study. If you do agree to take part in this study, your health record will need to be made available to the investigators. If you don't wish to participate at any stage, the level of care you receive will in no way be affected.

The Ethics committee cleared the study for undertaking at OPD and IPD, NIS. Should any question arise with regards to this study you contact following person.

P.G Scholar:

Dr. M. Sathya

MD (S) Ist Year

Department of Noinaadal

National Institute of Siddha

Chennai-600 047.

தேசி ய சி த்த மருத்துவ நி றுவைச் சென்னை47.

தோய் நாடல் துறை

“தேத்துரு குட்டம்” தோய் கணப்பு முறை மற்றும் குறி குண்கணப்புறி ய ஓன்
ஆஹி

தோயாளியி ன்தகவல் படிவம்

ஆஹி ன்தோக்கியும் படிவம்

தாங்கள் பங்கேற்கும் - மொய்யு “தேத்துரு குட்டம்” தோய் கணப்பு முறை மற்றும்
குறி குண்கணப்புறி ய ஓன் ஆஹி சி த்த மருத்துவ முறையி ல் தோயை கணப்தற்கான ஓன்
ஆஹி - மொய்யு தங்களின் தோய்கணப்தவ பற்றி யும் தோயி ன் போக்கை
பற்றி யும் அறி ய உதவும்

ஆஹி முறை

தாங்கள் தோக்கணம் மற்றும் பரி சோதனைகளின் மூலம் உத்தோயாளி,
கொத்தோயாளி பரி விவல் ஆஹி செய்யப்படுபவர்கள் முதல் தோக்கணம் ஸ்தோது
ஆஹி ஏறால் உடல் பரி சோதனை நீ ர், - ரத்தம் மற்றும் மலம் பரி சோதனை செய்து
குறி பி ப் குறி குண்கள் - நுபி ன் - மொய்யி ன் சாக நெத்துக்கொண்டபடுபவர்கள்

தோய் உபாதைகள்

- மொய்யில் - ரத்த பரி சோதனைக்காக - ரத்தம் நெக்குப்போது சி றி தயவுஸி
ஏற்படலாம்

மந்தணம் :

தங்களின் மருத்துவ ஆஹி கள் அந்தமும் மருத்துவ, ஆஹி ஓன் த பி றி ப்
தோரி விக்ஷப்பமட்பாது

தோயாளியி ன்பங்கிப்தும் உரி ணைவந்த

- மொய்யில் தங்களின் பங்கேற்பு தண்செய்யாது - மொய்யில் தாங்கள்
ஒத்துணைக்க - யவியல் மொய்யில் எப்போது கொண்டு வரலாம் காரணம் ஆஹி சதாமல்
விகி க்கொண்டமம் - மொய்யின் போது அறி யப்தும் தகவல்கள் தங்களுக்கு
தோரி விக்ஷப்தும் தோயாளியி ன் ஒப்தவல்கி ண்க தோய்கணப்து

வரங்களை ஆராய்வு பயன்படுத்தி க்கொள்வர். நோயாளி ஆய்வினைப்போ ஒத்தணுக
முத்தாலும் எந்த நி யை லும் நோயாளியை க்கிக்கும் வதம் பாதி க்கப்பட மாப்து
நி றுண நெறி முறை குறும் (Institutional Ethical committee) மேற்கண்
ஆய்வினைமேற்கொள்ள ஒட்டதல் அ த்துள்ளது

ஆய்வு குறி த்த சந்தேசங்கள் - ருபி ன்கீ முகண் நடன தோடர்பு கொண்மை

பட்டேற்படிப்பாளர் :

மரு ம. சத்யா (முதல் னுமம்)

நோய் நாடல் துறை

தேசி ய சி த்த மருத்துவ நி றுணம்

கொண்மை47.

மி ன் ஆதல் – drmsathyanis@gmail.com

தொலைபேசி ணை 9047854330



NATIONAL INSTITUTE OF SIDDHA- राष्ट्रीय सिद्ध संस्थान

Ministry of AYUSH- आयुष मंत्रालय

GOVERNMENT OF INDIA-भारत सरकार

TAMBARAM SANATORIUM, CHENNAI -600 047 -ताम्बरम सनटोरियमचेन्नई -600 047

फ़ोन\Tele : 044-22411611

फैक्स\Fax : 22381314

ईमेल: nischennaisiddha@yahoo.co.in

वेब : www.nischennai.org

F.No.NIS/6-20/IEC/15-16

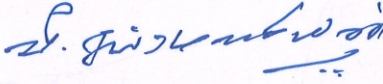
Dt: 14.10.2016

CERTIFICATE

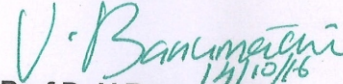
Address of Ethics Committee: National Institute of Siddha, Tambaram Sanatorium, Chennai-600047, Tamil Nadu, India	
Principal Investigator: Dr. M.Sathya – I year, Dept.of Noi Naadal	
Protocol Title:- A study on the Symptomatology and Siddha Diagnostic Methodology of Thetthuru Kuttam.	
Documents filed	1) Protocol, 2) Data Collection forms
Clinical trial Protocol (others – Specify)	Yes-(M.D-Dissertation)
Informed consent documents	Yes
Any other documents	-
Date of IEC approval & its number	NIS/IEC/2016/11-28/ 14.10.2016

We approve the trial to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study, any SAE occurring in the course of the study.


(Dr.V.Subramanian)
Chairman




(Prof.Dr.V.Banumathi)
Member Secretary



The Tamil Nadu Dr. M.G.R. Medical University

69, Anna Salai, Guindy, Chennai - 600 032.

This Certificate is awarded to Dr/Mr/Mrs.....**SATHYA:M**.....


For participating as ~~Resource Person~~ / Delegate in the Twenty First Workshop on

"RESEARCH METHODOLOGY & BIostatISTICS"

For AYUSH Post Graduates & Researchers

Organized by the Department of Siddha

The Tamil Nadu Dr. M.G.R. Medical University From 25th to 29th April 2016.


Dr. N. KABILAN, MD(S),
PROF & HEAD
DEPT. OF SIDDHA


Prof. **Dr. P. PARUMUGAM**, M.D.,
REGISTRAR i/c



Prof. **Dr. S. GEETHALAKSHMI**, M.D., Ph.D.,
VICE CHANCELLOR



Clinical Trial Details (PDF Generation Date :- Wed, 27 Jun 2018 04:36:21 GMT)

CTRI Number	CTRI/2017/08/009205 [Registered on: 01/08/2017] - Trial Registered Retrospectively																	
Last Modified On	25/05/2017																	
Post Graduate Thesis	Yes																	
Type of Trial	Observational																	
Type of Study	Analytical, open label, single centric study																	
Study Design	Other																	
Public Title of Study	A study on signs,symptoms and the way of diagnosis of Thethuru Kuttam, a kind of skin disease mentioned in Siddha and comparison with Urticaria in modern science																	
Scientific Title of Study	A study on the symptomatology and Siddha diagnostic methodology of Thethuru Kuttam																	
Secondary IDs if Any	Secondary ID	Identifier																
	NIL	NIL																
Details of Principal Investigator or overall Trial Coordinator (multi-center study)	<table border="1"> <thead> <tr> <th colspan="2">Details of Principal Investigator</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td>Dr M Sathya</td> </tr> <tr> <td>Designation</td> <td>PG Scholar</td> </tr> <tr> <td>Affiliation</td> <td>National Institute of Siddha</td> </tr> <tr> <td>Address</td> <td>Department of Noi Naadal National Institute of Siddha Tambaram Sanatorium Chennai Kancheepuram TAMIL NADU 600 047 India</td> </tr> <tr> <td>Phone</td> <td>9047854330</td> </tr> <tr> <td>Fax</td> <td></td> </tr> <tr> <td>Email</td> <td>drmsathyanis@gmail.com</td> </tr> </tbody> </table>		Details of Principal Investigator		Name	Dr M Sathya	Designation	PG Scholar	Affiliation	National Institute of Siddha	Address	Department of Noi Naadal National Institute of Siddha Tambaram Sanatorium Chennai Kancheepuram TAMIL NADU 600 047 India	Phone	9047854330	Fax		Email	drmsathyanis@gmail.com
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Phone	9047854330		
Fax			
Email	drmsathyanis@gmail.com		
Source of Monetary or Material Support	Source of Monetary or Material Support		
	> Department of Noi Naadal Ayothidoss Pandithar Hospital National Institute of Siddha Tambaram Sanatorium Chennai 600 047		
Primary Sponsor	Primary Sponsor Details		
	Name	National Institute of Siddha	
	Address	Tambaram Sanatorium Chennai 600 047	
	Type of Sponsor	Research institution and hospital	
Details of Secondary Sponsor	Name	Address	
	NIL	NIL	
Countries of Recruitment	List of Countries		
	India		
Sites of Study	Name of Principal Investigator	Name of Site	Site Address
	Dr M Sathya	Ayothidoss Pandithar Hospital, National Institute of Siddha	Room No. 5 Out Patient and In Patients Departments Department of Noi Naadal Natoinal Institute of Siddha Tambaram Sanatorium Chennai 600 047 Kancheepuram TAMIL NADU
			Phone/Fax/Email 9047854330 drmsathyanis@gmail.com
Details of Ethics Committee	Name of Committee	Approval Status	Date of Approval
	National Institute of Siddha	Approved	14/10/2016
			Is Independent Ethics Committee? No
Regulatory Clearance Status from DCGI	Status	Date	
	Not Applicable	No Date Specified	
Health Condition / Problems Studied	Health Type	Condition	
	Patients	Patients who are suffering from skin disease characterised by pale or erythematous patches, wheal formation or polycyclic pattern, highly pruritic, papules, subcutaneous swelling.	
Intervention / Comparator Agent	Type	Name	Details
Inclusion Criteria	Inclusion Criteria		
	Age From	18.00 Year(s)	
	Age To	60.00 Year(s)	
	Gender	Both	
	Details	1) Wheal formations 2) Pale or erythematous 3) Poly cyclic pattern 4) Papules 5) Highly pruritic 6) Subcutaneous swelling	
Exclusion Criteria	Exclusion Criteria		



	Details	1) Any major systemic illness 2) Vulnerable group 3) Eczema
Method of Generating Random Sequence	Not Applicable	
Method of Concealment	Not Applicable	
Blinding/Masking	Open Label	
Primary Outcome	Outcome	Timepoints
	Establishing the relevance/ correlation of Thethuru kuttam symptomatology with that of modern concepts Urticaria	1 year and 6 months
Secondary Outcome	Outcome	Timepoints
	1) Arriving at Siddha pathophysiology of Thethuru Kuttam 2) Finding the line of treatment and dietary regimen for Thethuru kuttam 3) Elucidation of Siddha investigatory parameters.	1 year and 6 months
Target Sample Size	Total Sample Size= 30 Sample Size from India= 30	
Phase of Trial	N/A	
Date of First Enrollment (India)	30/03/2017	
Date of First Enrollment (Global)	No Date Specified	
Estimated Duration of Trial	Years= 1 Months= 6 Days= 0	
Recruitment Status of Trial (Global)	Not Applicable	
Recruitment Status of Trial (India)	Open to Recruitment	
Publication Details	Nil	
Brief Summary	In Siddha system of medicine, the diseases are classified in to 4448 types. Thethuru Kuttam is one among the 18 types of Kutta noikal (Skin diseases) described by Yugi Munivar in his text Yugi Vaidhya Chinthamani 800. As per Yugi vaidhya chinthamani 800, the symptoms of Thethuru Kuttam is explained as wheal formation, pale or erythematous, polycyclic pattern, papules, highly pruritic with subcutaneous swelling. It can be compared to Urticaria in modern dermatology. quality of life was markedly reduced for people with chronic urticaria unlike other allergic disease. The primary motive is to study about diagnosis, prevention and to amplify the explanations of Thethuru Kuttam given by Sage Yugi and to compare it with urticaria in modern dermatology.	